



Aberdeen City Health & Social Care Partnership
A caring partnership



Aberdeen City Autism Strategy and Action Plan

2019-2022



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1. Introduction

1.1 Our Autism Strategy

Aberdeen City's Autism Strategy is a whole life strategy, which has been co-produced by Aberdeen City Council (ACC), NHS Grampian, Aberdeen City Health and Social Care Partnership (ACHSCP) and other partners.

The current strategy and action plan is being revised following updated outcomes and priorities detailed by the Scottish Government in addition to the requirement to ensure our local strategy and action plan for autism delivers change and improved outcomes for the autistic population.

The autistic population face a number of challenges, many of which are based on societal views of what constitutes accepted social norms and behaviours. These social conventions can be exceptionally difficult for an autistic person to navigate, let alone challenge. Autistic people can therefore find it difficult to meet the expectations that are often set for others, finding relationship building and social situations challenging, at times, and often taking more time to find their place in the world because people's knowledge and understanding of autism remains limited. There are many ways in which we can all, collectively, make changes to the way we operate systems, processes and services, which can better take account of the needs of autistic people, and help to improve their outcomes.

This strategy and action plan will not seek to duplicate activity aligned to other strategic or operational plans either locally or nationally. There are other documents and plans which autistic people and their families may benefit from, such as The Carers (Scotland) Act 2016 and Aberdeen City's Carers, Learning Disability and Mental Health Strategies (currently under review).

The spectrum nature of autism means that some autistic people may require the support of multiple service areas due to the complex nature of their needs. This strategy and action plan is aimed at improving the lives of all autistic people in Aberdeen, however detailed actions on how this will be achieved may more appropriately sit within other service area plans (such



as Learning Disability or Mental Health where people have a dual diagnosis).

1.2 Our Language

Throughout this document we will use language which is commonly used within Aberdeen. Autism or Autism Spectrum Condition (ASC) will be used when discussing the overall condition. Autistic people will be used when discussing people with a diagnosis of autism, including children and adults. Where there is information specific to the autistic child or adult population this will be stated. The term carers will be used to describe people undertaking an informal caring role and families may also be used where appropriate.

1.3 What is autism?

Autism (also known as Autism Spectrum Condition - ASC, or Autism Spectrum Disorder - ASD) is a neurodevelopmental lifelong condition. It affects different autistic people in different ways, with some individuals able to live and work independently, and some requiring specialist support. Autistic people develop differently from non-autistic people (neurotypicals), sometimes faster than their peers, sometimes slower.

What everyone on the autism spectrum will have is sensory and social difficulties. These are not always obvious, as they can be masked, and people can develop coping strategies. Most have also held the assumption that others experience the world the same way, so it can make it difficult to recognise these differences.

Autistic people have issues with communication, both verbal and non-verbal, e.g., difficulties with interpretation, tone of voice, facial expressions.

Autistic people may engage in repetitive behaviours. While these may, at times, be restricting for their families (e.g. only eating a limited range of food), many autistic people love to engage in areas of special interest repeatedly. The ability many autistic people have to focus intently, spot small details and notice patterns can be of great value to businesses and society generally. While some autistic people may, at times, be frustrated with their need to obsess over a certain topic, they generally derive much pleasure from doing so.



Autistic people can experience sensory input in a different way from non-autistic people. Being autistic means that they are more likely to have issues filtering out sensory information which can lead to being overwhelmed and/or under sensitive. Some of the repetitive behaviours referred to above, may also be a coping strategy to manage and control this feeling of being either overwhelmed or under sensitive

This document does not seek to replace or redefine clinical perspectives on autism. Clinical guidance on autism is generally taken from SIGN (Scottish Intercollegiate Guidance Network) publication 145, which references both current versions of ICD-10 (International Classification of Diseases – 10 [World Health Organisation]) and DSM-5 (Diagnostic and Statistical Manual of Mental Disorders - fifth edition [American Psychiatric Association]) as source references for diagnosis.

1.4 Our Vision

ACHSCP current Strategic Plan outlines the vision for health and social care within Aberdeen as:

“We are a caring partnership working together with our communities to enable people to achieve fulfilling, healthier lives and wellbeing.”

This vision, the associated values and priorities guide the development of all strategic documents produced by the Partnership (appendix 1).

The vision, as outlined in the Scottish Strategy for Autism, continues to underpin our local autism strategy:

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

The Scottish Strategy for Autism Scottish Government 2011

Through engagement activity local people told us that understanding, and acceptance, of autism is of key importance. This will lay the building blocks to ensure that services are relevant and appropriate for autistic people. Where needed there should be support offered to educate, inform and, if required, challenge practice to ensure this vision is fully promoted and embedded in practice.



It is recognised that the process of genuine and meaningful engagement, with any group including autistic people, takes time, commitment and a willingness to adapt communication styles. Whilst attempts have been made to meaningfully engage the entirety autistic population in the development of the revised strategy it has not been possible to reach all aspects of this population or to always reach consensus on centre viewpoints, in part this is due to the formal nature of the process and the lack of diagnostic services available (which empower autistic people to contribute to such processes). This is a learning point and an area for improvement which will be taken forward into the implementation phase of the strategy and action plan.

2. Our Wider Context

2.1 Developing our autism strategy

In 2011, The Scottish Government launched a Scottish Strategy for Autism, with the recommendation that each local area produce a strategy and action plan. In 2014 Aberdeen City produced its local 10-year autism strategy and action plan.

The Scottish Strategy for Autism was written to consolidate a number of initiatives for autism into a strategic document which aimed to address the entire autism spectrum and the whole lifespan of autistic people in Scotland. The strategy produced 26 recommendations. Subsequent documentation was also published to further define the outcomes and priorities for the strategy.

In early 2018 the Scottish Government consulted on and launched a revised set of outcomes and priorities for autism. Our Aberdeen City strategy and action plan is now also being revised. The local revised strategy and action plan considers changes nationally and locally, as well as acknowledging the challenges faced in implementing the original strategy and action plan. It is intended that by ensuring the revised documents are meaningful to and reflective of local people's views, that we can collectively produce a realistic, achievable and sustainable strategy and action plan for autism within Aberdeen City. The national strategy runs until 2021. The Aberdeen strategy will be in operation for 3 years, from 2019-2022. This allows for a period to review our local strategy and action plan in line within any national changes, which may include a new national strategy for Scotland in 2021.

Within this document we will summarise the engagement work undertaken to re-develop the strategy and action plan and how we will seek to ensure

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autistic people and their families are at the centre of how the strategy and action plan will be implemented and monitored.

2.2 Why do we need a strategy?

A local strategy is a best practice indicator, as highlighted by Scottish Government within the national strategy for autism. There are other important factors which lend themselves to having a local strategy and action plan.

A report launched in 2018 titled 'The Microsegmentation of the Autism Spectrum' (as recommended by the national Strategy for Scotland), identified a new national prevalence rate of autism of 1.035%. Additionally, research also suggests that prevalence of autism with an intellectual disability is noted as 32.7%, which is less than previously evidenced.

According to this research in Aberdeen there is a population of autistic people equalling 2379 and of this number 778 have presence of an intellectual disability and 1601 do not.

Currently assessment and diagnostic services are provided to adults only where a co-morbidity exists, typically an associated mental health issue or an intellectual disability. Using the prevalence rates, we can see that one third of the autistic population in Aberdeen will have a co-morbidity of an intellectual disability. There is no equivalent research conducted to provide prevalence figures for any co-morbid Mental Health condition. Those autistic people without such a co-morbidity (up to two thirds of the autistic population) will unlikely have received an assessment or subsequent diagnosis of autism. This is echoed by anecdotal information regarding the lack of adult diagnosis within Aberdeen.

A sole diagnosis of autism does not necessitate the provision of formal services by the local authority or Partnership, unless the individual meets the eligibility criteria for funded services. Many autistic people do not have a formal diagnosis and are often prevented from accessing relevant health and social care supports, formal or unpaid. As such, there is limited information available as to the general health and wellbeing of this population. Formal commissioned social care services are provided where autistic people also have a co-morbid condition and meet the eligibility criteria. This population can be seen to have more complex or multi-faceted forms of need. Further information on complex needs can be found within the local Learning Disability Strategy: A'thegither in Aberdeen.

The Pupil Census carried out in 2017 details that in Aberdeen City there are 536 children and young people in education who have autism or ASC



recorded. This data comprises of children with diagnosed and reported conditions, therefore the actual numbers of children in Aberdeen City with autism are likely to be significantly higher.

The Microsegmentation report also provides a Scotland wide context to the previous estimates of the cost of autism, suggesting a cost of £2.2 billion a year. The recently revised prevalence rates, including the presence of intellectual disability, also enable a lifetime cost per person to be identified of between £900,000 and £1.6 million. Many of these costs are related to the loss of productivity, i.e. employment of autistic people or their carers, but are also related to the high cost of services for people with an associated intellectual disability including accommodation costs. Information from the local perspective can be seen to echo this, with formal social care services for autistic people with an intellectual disability being amongst the most complex due to the requirement for enhanced care provision.

Generally, there is greater knowledge and understanding of autism, with higher media focus on 'autism friendly' or 'relaxed' activities. It can be noted that whilst these may provide awareness or support for some autistic people they do not lend themselves to a greater understanding or acceptance of autism as a spectrum, additionally such activities can, at times, be seen as ways that organisations may avoid a wider consideration of providing welcoming atmospheres more generally.

There is still a requirement to ensure that awareness equates to knowledge, understanding and a welcoming of autistic people and their varied skills and abilities into all communities and walks of life. As autism is a spectrum condition it is important to recognise and celebrate the diversity of autism. The recent launch of 'autistic pride' as a celebratory event of the gifts and skills of autistic people provides an example of such work. The presence of autistic people in employment is still low, whilst there are high numbers of autistic people known to the Criminal Justice System. There is still a noted disadvantage which autistic people face when accessing universal services.

A local strategy and action plan for autism will enable challenges and potential solutions to be identified and acted upon, such as the lack of assessment and diagnostic services; the availability of formal commissioned services; and the need to enhance knowledge, understanding and acceptance of autism.

In 2018 the Scottish Government published a revised set of outcomes and priorities for autism. These have been considered when development the revised local action plan.



The outcomes are:

- A Healthy Life
- Choice and Control
- Independence
- Active Citizenship

The priorities identified nationally reflect the key issues raised by autistic people, carers/families and other professionals. Priorities are aligned with each of the outcomes identified and incorporate actions such as:

- development of a Post-Diagnostic Support Toolbox
- improve awareness of autism within Criminal Justice Systems
- extension of the Blue Badge Scheme
- enhanced support for autistic people in Modern Apprenticeships

Further detail on all priorities identified can be found within the [outcomes and priorities document](#).

2.3 Aberdeen Context

There are a range of local policy and practice documents which are connected to, or should be considered alongside, this revised strategy. These are developed by Aberdeen City Council, Aberdeen City Health and Social Care Partnership and NHS Grampian (see examples in appendix 2)

Recognising that the autistic population have been overlooked in previous strategic developments it should be noted that local and national health and wellbeing outcomes apply to the whole population, including autistic people. It is important in meeting these collective outcomes that the personal experiences and outcomes of autistic people within Aberdeen are also promoted. This strategy seeks to provide a platform by which these experiences and outcomes can be highlighted and used to inform and influence practice. One method of achieving this is by actively engaging with organisations who aim to provide valuable advice and guidance for autistic people and their families. Such organisations are often trusted sources which will be crucial in collating experiences and reaching out to the widest possible audience of autistic people.



The recent development of the local Learning Disability strategy and the revision of the Mental Health strategy are of particular note given the prevalence of co-morbidities for autistic people. Greater details around the strategic outcomes and associated actions for these strategies, and the application of these to the autistic population will be considered through the implementation of these strategies, all of which are being facilitated by the Partnership. Joint working will be of key importance to ensure the Partnership vision of improved health and wellbeing for local people, including autistic people, is promoted.

Community Planning Aberdeen, which brings together Public Sector agencies, aims to deliver improved outcomes for the people of Aberdeen. The Local Outcome Improvement Plan (LOIP) seeks to ensure that Aberdeen is a *'place where all people can prosper'*, it is important to note this includes all autistic people.

The current LOIP sets out 2 key drivers in relation to *'people are resilient, included and supported when in need'*:

- **People and communities are protected from harm** – individuals and communities are made aware of the risk of harm and supported appropriately to reduce this risk.
- **People are supported to live as independently as possible** – people are able to sustain an independent quality of life for as long as possible and are enabled to take responsibility for their own health and wellbeing.

The current 2014-2024 autism strategy sits under this outcome as a supporting strategy. This revised strategy will replace any previous version and will ensure consistency between the LOIP as a strategic document and other local plans/policies.

Overarching strategic documents such as the LOIP and the HSCP Strategic Plan are being refreshed with new versions expected in 2019. Any significant changes in vision or approach of these guiding documents will be reflected in this autism strategy in due course.

3. Revising our strategy and action plan

3.1 Good Practice Indicators



The national strategy sets out ten Good Practice Indicators. These indicators are mapped out in appendix 3.

It is acknowledged that local progress in relation to these indicators is not as clear as would be expected. It is recognised that further work will be undertaken through implementation of the strategy and action plan to address and map local progress in relation to the indicators.

3.2 Strategy Development

The decision to review our local strategy and action plan was linked to the revised set of outcomes and priorities for autism release by the Scottish Government in 2018 (as detailed above).

To ensure the revision of the local strategy and action plan was meaningful to people we held 4 initial conversational events alongside Autism Network Scotland which sought to gather the views of people on the following national outcomes from an Aberdeen perspective:

- A Healthy life
- Choice and Control
- Independence
- Active Citizenship

It became clear from this engagement that although these outcomes are understood to be relevant they are not as meaningful locally. Feedback from the engagement produced 13 distinguishable focus areas:

- Assessment and Diagnosis
- Education
- Transitions
- Support for Carers
- Housing
- Training
- Information
- Criminal Justice
- Health
- Leisure and Activities
- Services
- Knowledge and Understanding



- Employment

Following this a further series of 3 development sessions were arranged, at which people were invited to comment on the 13 areas identified and to formulate actions which would address the issues identified. People were also asked to consider how they would prioritise the areas that were identified. This has assisted in the production of the action plan.

A draft strategy and action plan was produced, and a 6-week formal consultation period took place. Comments and views from the consultation were used to further refine and develop the strategy and action plan. An engagement and consultation overview report was produced to further capture the detailed activity which took place and played a key role in the development of the strategy and action plan (see appendix 4).

A Strategic Steering Group has been established to lead on the development and implementation of the strategy (comprised of Public and Third Sector representatives). From the initial engagement conversations and the developmental sessions, it is clear that this strategy and action plan, and the ongoing implementation, is of interest to autistic people and their families (as well as professionals and organisations). It is hoped that both autistic people and family representatives can join or contribute to the Strategic Steering Group as it enters an implementation focus.

3.3 Focus Areas

From the engagement activities with autistic people, families, carers, professionals and organisations the 13 focus areas were identified.

For each area an overview has been developed and associated action points to deliver change are defined within the action plan section of this document.

This document will now consider each of the 13 focus areas identified.

Assessment and Diagnosis

Assessment processes for adults and children differ in Aberdeen City. For adults, assessment and diagnostic services in Aberdeen may be provided



where a co-morbidity exists, such as Mental Health or Learning Disability in conjunction with autism but are not necessarily common place.

Assessment and subsequent diagnosis for autism only in adults is not provided at this time by NHS Grampian, and there appears to be a lack of supports in place to provide information/advice in lieu of a formal diagnosis. There is the need to understand the barriers to assessment, which in part are attributed to resource constraint and current/historic practice. A full assessment pathway delivered by trained and competent staff, with details around diagnosis and post diagnostic supports, is desired as this can provide adults within a sense of context and understanding of their neurodiversity. In turn this supports autistic people to develop coping strategies and understand sensory information better. This is identified as a key action to be delivered within the action plan.

Assessment and diagnostic services for children are provided, however the waiting times can be long and there is a lack of post-diagnostic support for families. This can be in part attributed to the lack of resources available for assessment and diagnosis but is also reflective of the challenging nature of a spectrum condition to fully assess. Support is crucial for children, parents and staff (such as within schools) to fully understand autism and the relevant support strategies that can be used effectively. Sometimes Educational supports can be in place with no formal clinical diagnosis, such as support through Educational Psychology and other Additional Support for Learning Services, including the provision of training to staff, but it is recognised that resource constraints may be a limiting factor in the application of such supports. Some specialist services exist, such as Autism Outreach which operates specific access criteria and procedures.

For both children and adults consideration should be made as to the availability of post-diagnostic support and relevant signposting and guidance services.

There are organisations in Aberdeen who aspire to provide valuable and trusted information, guidance and signposting on autism to autistic people, families and other organisations or professionals. These organisations are an asset and can have a wide reach into the autistic population of Aberdeen. It is important that such organisations are valued and are empowered to play their role in the implementation of the local strategy and action plan. This may include provision of formal signposting services or the availability of autism appropriate environments and activities.



Education

The move to mainstream schooling has resulted in specialist training, knowledge and understanding being required across all schools. Some children struggle with the class environment (size, sensory aspects) and/or the curriculum, more flexible approaches are required to ensure support is child-centred, including the consideration of changes in current practice to promote the educational potential of the child. This should include the consideration of flexible spaces within the school environment which support the provision of education to autistic children, for instance the use of sensory friendly spaces where individual and groups can experience the curriculum. It is also important to recognise that school also provides valuable opportunities for autistic children to socialise with other autistic children and non-autistic children, promoting social understanding. This enhances a sense of peer support for autistic children but will also support the greater acceptance of autism and neuro-diversity within society.

Tools such as communication logs and play based learning are positive examples to highlight within Schools but these are not universally in use. Resources and supports at Orchard Brae/Mile End/Bucksburn and Autism Outreach are having a positive impact, but these are limited resources. There is a gap in education for the school population about autism more generally.

Transitions

Transitions often refer to the process of someone leaving education and entering adulthood, which may include the provision of formal services. Some autistic children will be receiving formal commissioned services which cease upon entering adulthood, in part due to their availability to support adults and the eligibility of the young adult to receive social care services on an ongoing basis (linkage to Assessment and Diagnosis). It is important that supports for children approaching transition are being used effectively to smooth the transition from education and explore the options available to each person (such as further education, community activities or employment).

Within the current Learning Disability service there is a small transitions team, but not every young adult will experience this resource/support due to their level of need and eligibility. Many families find the process of transition challenging and it can prove difficult to gain clear information about the next steps for the young adult. This is in part because of the way services are operated spanning Aberdeen City Council and the Partnership, more could be done to ensure any barriers between the



services are removed. Transitions should be focused on the needs of the young person rather than applied because they reach a set age – meaning they should start as and when required (including earlier for some). More information and advice around transitions are required, even if the young person will receive no formal services when they leave education (post 16/18).

Transitions are a crucial time, not just from childhood to adulthood. Across the lifespan transitions also refer to small changes in relation to environment or people and can also refer to general life transitions such as moving home, finding work and building relationships. It is important to remember transitions beyond education and ensure autistic people are supported to develop their own relevant and effective coping strategies when faced with change. This aspect can be overlooked and there is an identified lack of support to address needs arising from these types of transition.

Support for Carers

Families (including parents and siblings) require more support to understand autism and its impact for their family member, including tools and techniques for supporting and communicating with their loved one. Families often have to source information themselves rather than being able to build their resilience through readily accessible information. Better communication about local supports and services is required (through signposting and guidance services), particularly regarding support when individual's behaviour may be difficult or disruptive and support for siblings. Where a family is taking on a caring role they can struggle to access suitable forms of respite which would enable them to continue in their caring role. Many families have strong concerns about future needs/services, particularly if they are no longer able to support/care for the person. Carers of autistic adults and children will be able to benefit from the recently launched Carers Act and local Carers Strategy, including the provision of assessment through a Carers Support Plan, and where eligible, formal services which support their caring role.

Housing

Autistic people may need support to live independently. It is important that the specific housing needs of autistic people and families with autistic children are considered and supported, including types of accommodation and location and communication methods. Consideration as to the appropriateness of shared accommodation for autistic people should be given, particularly where the level of need is such that the shared aspects



of living can be seen to pose communication and sensory difficulties. The availability of training on autism for housing staff would increase understanding which would then enable them to provide support which promotes a person's independence. Some people may require more intensive forms of supported accommodation, however currently this is only provided where a co-morbidity exists and where a person has eligible needs for such services. Specific housing supports for autistic people with more complex need and a co-morbidity of an intellectual disability are referenced further within the Learning Disability Strategy.

Training

Training for professional/organisations is required to ensure staff can offer appropriate and personalised support for people which takes into consideration the individual's needs e.g. sensory needs. Autistic-led training should be better supported and promoted. There are many people and organisations keen to offer this in Aberdeen. These offers of support must be better utilised by the Public, Third and Independent sectors. Training for autistic people is lacking – such as being able to understand your own autism, coping strategies and key life skills, including independent travel, social media awareness and building relationships.

Information

Navigating resources to find appropriate and relevant information is hard for people as there is so much information available but it can be difficult to know where to find this and what to trust. Having a centralised source of information or place to go would help. Information on dealing with practical everyday scenarios is often what people are looking for. There are organisations or projects currently providing information, signposting and guidance services, as well as some who provide elements of direct support at times. Organisations should be better connected enabling support and guidance to reach all autistic people who seek this. People are also looking for better ways to connect with peers and build support networks. There is a commitment to produce the strategy and action plan in a variety of formats to ensure that the information contained is accessible and understandable. Autistic people will play a key role in this.

Criminal Justice

Some autistic people may be more susceptible to becoming a victim or perpetrator of crime due to a lack of understanding around social cues, communication or the Criminal Justice System itself. Support and training around this would be useful for autistic people, communities and staff within the Criminal Justice System.



Health

Autistic people are entitled to equal access to all forms of health services. Some autistic people have negative experiences within health services relating to their autism, but these can also affect their health more broadly (such as not understanding protocols, feeling distrusted, not identifying illness or ill health). There is good practice in some health provision, for example in the explanation of procedures or flexibility in scheduling of procedures/appointments.

Sometimes there is a lack of understanding of autism by some health professionals, and there is the need to have greater consistency across the City. This includes the consideration of alternative settings when the clinical environment is not suitable. There is a lack of counselling support which is provided within the context of autism and given the prevalence of issues such as anxiety, self-harm and suicidal ideation more suitable counselling support could act as a preventative measure or provide coping strategies. Support at an earlier stage, such as with communication difficulties through Speech and Language Teams, can have a positive effect for children regardless of the presence of a formal diagnosis. Peer support is valuable in understanding and supporting good health outcomes, with particular reference to mental health and wellbeing.

Leisure/Activities

Having access to relevant groups and activities is important, as well as being able to access groups that are comprised of autistic people. There are many community activities taking place, offering a range of activities including more specialist support. There is better awareness of what is available. Generally, within community activities there is better knowledge and understanding of autism, although there are still improvements which could be made. Being part of groups, perhaps with support, does help autistic people by breaking down barriers and feeling more socially included. Some activities which are well suited to children can be expensive to access or can be difficult for families to attend (due to location or timing). It is important to recognise that social interactions/skills can take place in a variety of environments through things such as play (board games for example). Support for older autistic people is an identified gap, therefore supporting and promoting the development of peer support for this group would be beneficial.

Services



It is acknowledged that financial resources are limited in the public sector and there is a lack of services available. Offering early intervention supports is crucial and may result in minimal resources or services being required in the future. Supports should be available on the basis of need, however at times this does not always appear to be the case. There are clear priorities and ambitions within documents such as the Partnership Strategic Plan and Strategic Commissioning Implementation Plan which services/supports for autism require to be reflective of. Knowledge and understanding of autism should be considered by decision making groups, such as including autistic people in such groups. Systems and processes such as social care eligibility criteria are challenging. Whilst it is acknowledged that it is the system driving decision making rather than individual staff this remains an area of tension for all concerned.

The quality of support services is instrumental and there are organisations whose remit is to support autism however, at present, not all of those organisations provide services within Aberdeen. It is the aim of this strategy to redress this by considering supports required by the autistic population, identify where the current deficits are in relation to commissioned services within Aberdeen and propose to address this. It is envisaged this will have a resource implication however changes are required to ensure better outcomes for autistic people are achieved. An example of this related to the availability of trusted sources of information and signposting for autistic people and their families.

Knowledge and Understanding

Knowledge and true understanding of autism is a theme which is core to many other aspects discussed throughout this strategy. More knowledge does exist within communities, in part because of localised awareness raising but also national media coverage (e.g. TV programmes), however these often do not show the diversity or spectrum of autism. Greater knowledge and understanding can still be promoted by focusing on some of the myths or misunderstanding around autism. We are always learning more about autistic people's life experiences and the diversity of the spectrum. Everyone is different, so it is important to look at the capabilities and skills not just the stereotype, which at times can include clinical definitions of what it means to be autistic. Peer support groups or groups of autistic people play a key role in helping to explore and value the different outlook that autism can bring to the world.

Employment



Many autistic people want to work. They possess valuable skills which may enhance team delivery and effectiveness however they often face barriers into employment which prevents them from being able to demonstrate their skills. Employability skills should be more readily taught or explored during education or within other formal supports. Supportive aspects such as work trials, getting the right support at the Job Centre, reasonable adjustments or the Project SEARCH programme can be positive for autistic people, but these are not always available or utilised options. Often the key is finding the right work environment or one member of staff who can offer support. Providing support to increase knowledge and understanding of autism in the context of employment may lead to further positive opportunities.

4. Action Plan

13 focus areas were identified through engagement activity. Following this a series of actions were attributed to most of these areas.

Each action has also been aligned to the national outcomes which supports the linkage of our local strategy and action plan to work taking place nationally.

Some of the actions identified will require extensive planning, consultation and assessment of resources required, this is recognised within the timescales identified.

There is the acknowledgement that resources must be aligned to each action and focus area in order to effect real change. It is important that actions are prioritised to ensure best use of any resources made available. The evaluation of the strategy and action plan will also be an area of key importance, ensuring that the delivery of actions is being undertaken but also that they are having the expected or desired impact for autistic people in Aberdeen. The Strategic Steering Group will define evaluation measures and reporting procedures.

It should also be noted that many action points are interlinked or cut across themes, for example, training. For ease of planning, where an action can be linked to another theme this will be highlighted.

The Strategic Steering Group will ensure regular and robust reporting procedures to document progress.



The Aberdeen City Health and Social Care Partnership have facilitated the revision of the strategy and action plan and therefore will be accountable for its progress and implementation. A Strategic Development Officer is assigned to this area of work and alongside the Lead Strategy Manager will be accountable to the Partnership's governance structures.

Lead Officers or services within individual services or organisations will be responsible for the delivery of action points within this plan and will be required to regularly report on progress, this includes Integrated Children's and Family Services; NHS Grampian and Third Sector organisations.

Autistic people, families and other interested parties involvement in the development, delivery and evaluation of the identified outcomes will be promoted, and opportunities to increase this involvement will be identified where possible.



Assessment and Diagnosis

What will we do?	When will we have it done by?	How will we know it is working?	Who will be involved?	Any Associated Focus Areas and Resources	Link to national outcomes
1. Creation of 'autism appropriate' integrated assessment pathway for Adults	Year 3	Assessment data will be recorded and analysed	Aberdeen City Health and Social Care Partnership – Mental Health and Learning Disability Services/ NHS Grampian	Training Funding from Scottish Government requested	A Healthy Life
2. Provide enhanced clarity on the assessment pathway for Children and Young People (as informed by national development work)	Year 2	Information on the Pathway will be readily available; reduction in complaints; linkage to children's plan; assessment and diagnosis trends will be measurable	Integrated Children's and Family Services/NHS Grampian	Information Existing resources will provide support	A Healthy Life
3. Provision (and revision where necessary) of support at pre-assessment and post-diagnosis stages, including review of supports such as the Cygnet (parent support) programme	Year 3	Working group will review supports and analyse gaps and put necessary commissioning arrangements in place for support which promotes knowledge of autism and coping strategies etc.	Aberdeen City Health and Social Care Partnership/ NHS Grampian/ Integrated Children's and Family Services/Third Sector/Autistic people	Existing resources will provide support to review	A Healthy Life Independence



Education

What will we do?	When will we have it done by?	How will we know it is working?	Who will be involved?	Any Associated Focus Areas and Resources	Link to national outcomes
4. Request that Education Services map Autism knowledge and understanding in Schools and where gaps exist put in place plans to address such gaps	Year 1	Plans in place to address gap/needs including will be reportable to the implementation group	Integrated Children's and Family Services/ Autistic People	Training Information Existing resources will provide support to develop process	Choice and Control
5. Provision of flexible and appropriate learning pathways and environments which meet the needs of autistic children	Year 2	Analysis of local and national statistics detailing attendance, exclusion and positive educational and wellbeing outcomes; anecdotal evidence of improvements from children and families	Integrated Children's and Family Services	Existing resources will be utilised in a flexible manner	Choice and Control
6. Increased use of Individual Plans (IEPs/Child's Plans) to monitor progress	Years 1-3 – continued activity	Analysis of plans to be undertaken and progress tracked	Integrated Children's and Family Services	Existing resources will track progress	Choice and Control Independence
7. Work with Universities and Colleges to explore learning opportunities to increase knowledge and understanding of Autism for a range of stakeholders	Year 2	Learning opportunities will be mapped and attendance statistics will be used to create baselines for improvement	Aberdeen City Health and Social Care Partnership/ Integrated Children's and Family Services/ Autistic People/Further and Higher Education establishments	Training Knowledge and Understanding Services Existing resources will be utilised to explore opportunities	Choice and Control



Transitions

What will we do?	When will we have it done by?	How will we know it is working?	Who will be involved?	Any Associated Focus Areas and Resources	Link to national outcomes
8. Development and implementation of a Transitions Pathway (children to adults)	Year 3	Pathway will be developed and in operation; Transitions Planning Documents will be recorded and baselines created to measure improvement; relevant data will be analysed to monitor and evaluate; anecdotal evidence of improvements from young people and families	Transitions Sub Group – Learning Disability Strategy (multi-agency group)	Information Education Services Health Existing resources will be utilised to develop the pathway	Choice and Control Active Citizenship Independence
9. Promotion of ‘Transitions across the Lifespan’ national toolkit	Years 1-3 – continued activity	Awareness and use of toolkit will be raised; reduction in unsuccessful transitions; anecdotal evidence of improvements in relation to life transitions	Aberdeen City Health and Social Care Partnership/ NHS Grampian/ Integrated Children’s and Family Services	Promotional activity which will require no dedicated resource	Choice and Control Active Citizenship



Support for Carers

What will we do?	When will we have it done by?	How will we know it is working?	Who will be involved?	Any Associated Focus Areas and Resources	Link to national outcomes
10. Promote the rights of Carers within the Carers Act and local Carers Strategy, including the rights to receive a Carers Support Plan and availability of local support	Years 1-3 – continued activity	Increased awareness of rights will exist; data of carers support plans completed	Aberdeen City Health and Social Care Partnership - Carers Strategy Implementation Group/ NHS Grampian/ Integrated Children's and Family Services/ Third Sector	Information Resources are aligned under the Carers Strategy Implementation Group	Choice and Control

Housing

What will we do?	When will we have it done by?	How will we know it is working?	Who will be involved?	Any Associated Focus Areas and Resources	Link to national outcomes
11. Facilitate an event with the housing sector to promote the housing needs of Autistic people and their families	Years 1 -2	Event will have taken place; baseline of knowledge will be measured, and improvement methods identified	Aberdeen City Health and Social Care Partnership/Aberdeen City Council – Strategic Place Planning/Housing Sector	Training Low level expenditure to host event – collaborative approaches will be used to share any costs	Independence



Training

What will we do?	When will we have it done by?	How will we know it is working?	Who will be involved?	Any Associated Focus Areas and Resources	Link to national outcomes
<p>12. Application of the principles of the NHS Education for Scotland (NES) training framework for Autism, which will be applied in a way which promotes where possible the genuine involvement of autistic people in the development, delivery and evaluation</p>	<p>Years 1-3 – continued activity</p>	<p>Training Framework will be in place; attendance and evaluation data will be available</p>	<p>Aberdeen City Health and Social Care Partnership/NHS Grampian/ Integrated Children’s and Family Services/other national organisation/interested parties</p>	<p>All areas To be funded from existing training budgets</p>	<p>Choice and Control</p>

Information



What will we do?	When will we have it done by?	How will we know it is working?	Who will be involved?	Any Associated Focus Areas and Resources	Link to national outcomes
13. Develop and launch good practice checklists for 'autism appropriate' environments	Year 2	Checklist will be developed and launched; evaluation of its use; anecdotal evidence of improvements	Aberdeen City Health and Social Care Partnership/NHS Grampian/Integrated Children's and Family Services/ Third Sector/ Autistic People	Education Health Services Leisure/ Activities Criminal Justice Existing resources will provide support to develop checklist	Choice and Control
14. Presentation of Strategy in alternative formats – in co-production with autistic people and families	Year 1	Alternative forms will exist	Strategic Steering Group/Communities of Interest	Collaborative approach will be used to share any costs	Active Citizenship Choice and Control

Criminal Justice



What will we do?	When will we have it done by?	How will we know it is working?	Who will be involved?	Any Associated Focus Areas and Resources	Link to national outcomes
15. Raise awareness of the Appropriate Adult (AA) Scheme	Year 2	Analysis of data regarding requests and usage of AAs	Aberdeen City Health and Social Care Partnership/ Criminal Justice Services/Police Scotland/other national organisations	Promotional activity which will require no dedicated resource, links will be made with relevant national groups	Choice and Control
16. Develop links to <u>Supporting Offenders with Learning Disabilities network</u> (relevant to autism) and local Criminal Justice Board	Year 1	Links will be made and any project specific work identified	Aberdeen City Health and Social Care Partnership/ Criminal Justice Services/ other national organisations	Existing resource will be utilised to make links	Choice and Control

Health

What will we do?	When will we have it done by?	How will we know it is working?	Who will be involved?	Any Associated Focus Areas and Resources	Link to national outcomes
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Health

What will we do?	When will we have it done by?	How will we know it is working?	Who will be involved?	Any Associated Focus Areas and Resources	Link to national outcomes
17. Increased use of <u>Care Opinion</u> by Autistic People and their families	Years 1-3 – continued	Increased usage evidence through available data	Aberdeen City Health and Social Care Partnership/ NHS Grampian	Promotional activity which will require no dedicated resource	A Healthy Life
18. Provide information on suitable counselling type supports with knowledge of Autism interlinked to Mental Health	Year 2	Information will be available; services will be listed on relevant databases	Aberdeen City Health and Social Care Partnership/ NHS Grampian	Existing resource will be utilised	A Healthy Life



Leisure/Activities

What will we do?	When will we have it done by?	How will we know it is working?	Who will be involved?	Any Associated Focus Areas and Resources	Link to national outcomes
19. Facilitate an event with interested Leisure/Activity providers and groups to discuss and promote the autism and establish mechanisms to increase widening access	Years 1-2	Event will have taken place; baseline of knowledge will be measured, and improvement methods identified	Aberdeen City Health and Social Care Partnership/ NHS Grampian/ Integrated Children's and Family Services/ Third Sector/ Autistic People/ Leisure/Activity Services	Training Information Knowledge and Understanding Low level expenditure to host event – collaborative approaches will be used to share any costs	Active Citizenship

Services

What will we do?	When will we have it done by?	How will we know it is working?	Who will be involved?	Any Associated Focus Areas and Resources	Link to national outcomes
20. Develop mechanisms to track unmet need and analyse gaps in provision (from signposting to direct support), to inform future development	Year 2-3	Tracking mechanisms will be identified and in operation; gaps will be mapped; areas for service developments will be identified; reduction in unmet need and complaints	Aberdeen City Health and Social Care Partnership/ Integrated Children's and Family Services	All Existing resource will be utilised to develop and maintain processes	Choice and Control Independence



Knowledge and Understanding

What will we do?	When will we have it done by?	How will we know it is working?	Who will be involved?	Any Associated Focus Areas and Resources	Link to national outcomes
21. Develop and launch promotional work to raise community knowledge and understanding of the strengths of autistic people	Years 1-3 – continued activity	Increased knowledge, understanding and acceptance; promotional events or materials will be launched	Aberdeen City Health and Social Care Partnership/ NHS Grampian/ Integrated Children’s and Family Services/ Third Sector/ Autistic People	All Promotional activity which will be carried out in collaboration, requiring no dedicated resource	Independence
22. Scope roll out of <u>Autism Aware/ Alert Card</u>	Year 1	Working group will conduct scoping and recommendations made/progressed	Aberdeen City Health and Social Care Partnership/ NHS Grampian/ Integrated Children’s and Family Services/ Third Sector/ Community Resources/ Autistic People	Leisure and Activities Criminal Justice Health Education Existing resource will be utilised to conduct scoping	Independence



Employment

What will we do?	When will we have it done by?	How will we know it is working?	Who will be involved?	Any Associated Focus Areas and Resources	Link to national outcomes
23. Facilitate an event with the business community/Chamber of Commerce to promote the strengths of Autistic people in employment and establish mechanisms to increase employability	Year 2	Event will have taken place; baseline of knowledge will be measured, and improvement methods identified; increase in employment of autistic people	Aberdeen City Health and Social Care Partnership/ NHS Grampian/ Integrated Children's and Family Services/ Third Sector/ Autistic People/ Employment Services	Training Information Knowledge and Understanding Low level expenditure to host event – collaborative approaches will be used to share any costs	Active Citizenship



5. Governance and Next Steps

The revised Strategy and Action Plan is a formal document which is approved by the Health and Social Care Partnership's Integration Joint Board and the Aberdeen City Council's Operational Delivery Committee. The Strategic Steering Group which is already established will take a focus on the implementation of the Strategy through the delivery of the content of the Action Plan and will be renamed the Autism Strategy Implementation Group.

A revised governance structure will be launched to implement the action plan. Each service area identified as holding responsibility for any actions will be required to align a Lead Officer to progress such work and report back to the Autism Strategy Implementation Group.

Regular reporting structures will be in place to ensure that progress is being made in a timely and satisfactory manner, and where issues or blockages arise, these are raised to relevant services, boards or committee for advice or resolution.

The Autism Strategy Implementation Group will hold itself to account, due to its varied membership, which will include representation from autistic people and Parents/Carers. Feedback from these representatives, members of the public and other organisations will be vital in ensuring the Strategy is being delivered in a meaningful way. Implementation reports, where possible, will be shared publicly and the Autism Strategy Implementation Group will continue to work with Autism Network Scotland and Scottish Government colleagues to support the benchmarking of progress and ensure better links regionally and nationally.