Public Health England

Protecting and improving the nation's health

Autism Self-Assessment Exercise 2016
Detailed report and thematic analyses

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Public Health England exists to protect and improve the nation's health and wellbeing, and reduce health inequalities. We do this through world-class science, knowledge and intelligence, advocacy, partnerships and the delivery of specialist public health services. We are an executive agency of the Department of Health, and are a distinct delivery organisation with operational autonomy to advise and support government, local authorities and the NHS in a professionally independent manner

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What is autism?

Autism is a lifelong developmental disability that affects how a person communicates with, and relates to, other people. It also affects how they make sense of the world around them.

It is a spectrum condition, which means that, while all people with autism share certain difficulties, their condition will affect them in different ways. Some people with autism are able to live relatively independent lives but others may have accompanying learning disabilities and need a lifetime of specialist support. People with autism may also experience over- or under-sensitivity to sounds, touch, tastes, smells, light or colours.

Asperger syndrome is a form of autism. People with Asperger syndrome are often of average or above average intelligence. They have fewer problems with speech but may still have difficulties with understanding and processing language.

Source: The National Autistic Society (www.autism.org.uk). For further information about autism see http://www.autism.org.uk/about-autism/autism-and-asperger-syndrome-an-introduction/what-is-autism.aspx.

Executive summary

Background

As a result of the Autism Act (2), the first Adult Autism Strategy (Fulfilling and Rewarding lives) was published in 2010 (3). This was followed by a new and updated strategy – Think Autism in 2014 (6). The purpose of the self-assessment was to enable local strategy groups to review their progress and support future planning with partners including people with autism and their families.

This was the fourth autism self-assessment framework. The baseline self-assessment was carried out in 2011, followed by updates in 2013 and 2014. These exercises allow local authorities and their partners to monitor their progress in implementing the Autism Strategy. Through greater transparency they also enable adults with autism, their families and carers, and autism representative groups to see what progress is being made. The self-assessment data offers an opportunity to compare local authority areas and develop benchmarks. It can assist in identifying areas where further action is needed and in planning improvements.

Methodology

The details of the 2016 exercise were published on Knowledge Hub following a letter issued by the Department of Health. The data collection tool was a questionnaire in the form of an Excel spreadsheet. Responses were analysed in Microsoft Excel 2010 and Microsoft Access database 2010.

The questionnaire consisted of 31 RAG-rated questions, 41 Yes/No questions and 23 number questions. The questions were compared to previous years (2013 and 2014) and were categorised into: new, identical, similar and more precise.

For the numerical questions, a set of rules were followed for the responses being classed as 'Unusable'. A full list of these rules for each of the questions is illustrated in the 'Methodology' chapter of the body of this report.

Results

Response rate and overall pattern

Of the local authorities with social services responsibilities 145 out of 152 (95%) responded. We compared findings for identically worded questions with responses from 2014.

Of the identically worded items, 9 showed increases in the proportion of local authorities giving green or affirmative ratings. These were consideration of the needs of children and young adults in the local Joint Strategic Needs Assessments (JSNA), data collection, inclusion of autism in JSNA, engagement of people with autism and their families and carers in planning, engagement of the local police and local court services in training, training to all advocates working with people with autism, availability of advocates to people not participating in needs assessments, care and support planning, appeals or safeguarding processes, assessments to carers and promotion of employment. Six identically worded ratings showed a drop in the proportion of local authorities reporting green or affirmative ratings. These were transition services considering the needs of young people, provision of multi-agency training plans, engagement of staff, provision of training to staff working in health hand social care, establishment of a local diagnostic pathway, diagnosis of autism automatically triggering an offer of care assessment.

Local authority

Over half of all local authorities (83; 55%) reported they are collaborating with other local authorities in implementing part or all of the priorities of the strategy.

For the majority of local authorities (104; 68%) co-working with NHS clinical commissioning groups (CCGs) is helped by having a simple relationship of one local authority to one CCG. Forty one local authorities (27%) relate to more than one CCG and 15 local authorities (10%) work with four or more CCGs.

Planning

There were 142 (93%) local authorities that reported having a designated strategic lead for adults with autism and 84 (55%) reported their autism lead was also the strategic joint commissioner. Ninety two (60%) had a separate operational lead for services for adults with autism.

Ninety nine (65%) local authorities reported that autism is included and explicitly considered in the local JSNAs with 102 (67%) stating that the JSNA specifically considered the needs of children and young people with autism.

Nineteen (13%) local authorities responded with green to the question on data collection on accessing social care and/or health care and whether their information system report on people with a diagnosis of autism, including as a secondary condition, in line with the requirements of the social care framework. One hundred and twenty five (82%) local authorities reported collecting data on the number of people with autism eligible for social care.

One hundred and twenty two (80%) reported their local Joint Strategic Commissioning Plan reflected local data and needs of people with autism. Fifty eight (38%) reported publishing some data other than that collected in the JSNA. Six (4%) rated themselves the highest (green) for the current collection of data sources that adequately serviced the requirements of planning and commissioning.

Ninety (59%) local authorities gave themselves the highest (green) rating for the involvement of CCGs and local authorities in planning and implementation of the strategy; 73 (48%) gave themselves the highest rating for involvement of people with autism and their families and carers. One hundred and thirty (86%) reported having a local Autism Programme Board or equivalent in place meeting at least once a year and including representatives of at least Adult Social Care and the CCGs.

Thirteen (9%) local authorities rated themselves highest (green) for the question on making reasonable adjustments to general council services to improve access and support for people with autism. Twenty four (16%), 25 (16%) and 19 (13%) rated themselves green on the questions of promotion of these reasonable adjustments to enable people with autism to access NHS services, to access health and social care information, support and advice and to access other public services including colleges and universities, libraries and all forms of public transport, respectively.
Fifty-six (37%) local authorities rated themselves highest (green) on the question of consideration of the particular needs of young people with autism in transition processes. Only 12 (8%) authorities rated themselves highest (green) in relation to consideration of the needs of adults aged 65 and over with autism in planning.

The national median of reported rates for the number of people with autism meeting social care eligibility criteria was 44.1 per 100,000 population. Of those identified as having both autism and also learning disabilities the proportion meeting social care eligibility criteria was 80.4%; of those with both autism and mental health problems, 4.8%.

The national median reported rates for the number of children identified as having autism and were in years 10, 11, 12 and 13 in the school year 2015-2016, was 8.9 per 1000 population and the national median for children with autism who had completed the transition process in the school year 2015-2016 was 1.4 per 1000.

Training

Seventy three (48%) local authorities reported having a multi-agency autism training plan. Sixty-three (41%) stated that CCGs, primary and secondary care practitioners were involved in this. One hundred and seventeen (77%) reported involvement of the police in autism training. Forty nine (29%) reported involving local court services, and seventy (46%) reported involving the local probation service.

Twenty six (17%) local authorities gave themselves the highest (green) rating to the question on whether autism-awareness training has been made available to all staff working in health and social care. Ninety six (63%) recorded the uptake levels of autism-awareness training. Of these, the median reported rate of staff eligible for training was 1.7 per 1000 population. Moreover, 45.6% of the eligible staff reported being up to date with training. One hundred and twelve (74%) stated they were including self-advocates with autism and/or family carers in the design of training or they had a role as trainers.

Forty one (27%) reported staff who carry out statutory assessments have attended specialist autism training on how to make adjustments in their communication and approach. Seventeen (11%) reported having specific training that focuses on adults with autism over the age of 65.

Diagnosis

Seventy nine (52%) local authorities gave themselves the highest (green) rating for their establishment of a local diagnostic pathway. One hundred and two (67%) reported having a specialist autism specific service. Sixty nine (45%) reported diagnosis triggering an automatic offer of a Community Care Assessment (CCA). Only 33 (22%) local authorities reported meeting the National Institute for Health and Care Excellence (NICE) recommended waiting times (QS51).

Seventy five (49%) local authorities gave themselves the highest rating (green) to the question on whether people with autism and learning disabilities can access post-diagnostic specific or reasonably adjusted psychology assessments and 25 (16%) rated themselves as green on the above question for those with autism and without a learning disability. Seventy four (49%) rated themselves as green on the question of whether people with autism and learning disabilities can access post-diagnostic specific or reasonably adjusted speech and language therapy and 18 (12%) rated themselves

as green on the above question for those with autism and without a learning disability. Seventy-four (49%) gave themselves the highest (green) rating to the question on whether people with autism and learning disabilities can access post-diagnostic specific or reasonably adjusted occupational therapy and 17 (11%) rated themselves as green on the above question for those with autism and without a learning disability. Seventy four (49%) local authorities stated that post-diagnostic adjustment support was available with local clinical psychology or other services for those people diagnosed with autism and a learning disability and 98 (64%) stated that this was available for those with autism and without a learning disability.

Ten (7%) areas rated themselves green on the question of whether crisis services routinely anticipate and provide for the crisis needs of people with autism but without a learning disability.

Care and support

Thirty three (22%) local authorities reported having a single identifiable point of contact where people with autism could find autism-friendly entry points for a wide range of local services. One hundred and twenty one (80%) reported having a recognised pathway for people with autism but without a learning disability to access a CCA.

Sixty five (43%) stated that there was a programme in place which ensured all advocates working with people with autism have training in the specific requirements. Eighty eight (58%) local authorities reported adults with autism have access to appropriately trained advocates to participate in needs assessments, care and support planning, appeals, reviews or safeguarding processes. One hundred and thirty eight (91%) reported that people with autism who are not eligible under the Care Act or not eligible for statutory services can access support.

One hundred and eighteen (78%) gave themselves the highest (green) rating for the question as to whether assessments are offered for carers of people assessed as having autism and eligible for social care support.

Housing and accommodation

Fourteen (9%) local authorities reported their local housing strategies and/or market position statement specifically identified autism. Thirty one (20%) local authorities reported having at least one staff member with training in autism to help people make applications and fill in necessary forms.

The national median of reported rates for the number of adults assessed as being eligible for adult social care services who have a diagnosis of autism and in receipt of a personal budget was 34.9 per 100,000 population. Of these, 15.1% had a diagnosis of

autism without a learning disability and 83.2% had a diagnosis of both autism and a learning disability.

Employment

Forty seven (31%) local authorities rated their performance on promoting employment for people with autism as green. Eighty four (55%) authorities gave themselves the amber rating indicating that autism awareness is delivered to employers on an individual basis, local employment support services include autism and there is some contact with local job centres in most areas. Sixty one (40%) authorities reported autism transition processes to adult services have an employment focus.

Criminal justice

Sixteen (11%) local authorities gave themselves the highest rating for work with the Criminal Justice Service (CJS). A further 96 (63%) gave themselves amber ratings indicating that discussions were underway to improve CJS involvement in planning for adults with autism. Thirty-two (22%) rated themselves as green on the question of whether access to an appropriate adult service is available for people on the autistic spectrum in custody suites and nominated 'places of safety'.

Abbreviations

AESOP	Acknowledging Early Signs of Psychosis
AS	Autism spectrum
ASC	Autism spectrum conditions
BASS	Bristol Autism Spectrum Service
CCG(s)	Clinical commissioning group(s)
CJS	Criminal justice system
CMHT	Community mental health team
EM	East Midlands Region
Eng	England
EoE	East of England Region
FAC	Fair Access Criteria
GP	General Practice or general practitioner
IAPT	Improving Access to Psychological Therapies
IHaL	Improving Health and Lives
JSNA	Joint Strategic Needs Assessment
Lon	London Region
NCC	Norfolk County Council
NE	North East Region
NHS	National Health Service
NICE	National Institute for Health and Care Excellence
NW	North West Region
PDF	Portable Document Format
PLUSS	A Social Enterprise
RAG	Red, Amber or Green
SAF	Self-Assessment Framework
SE	South East Region
SEN	Special education needs
SW	South West Region
UTLA	Upper Tier Local Authority
WM	West Midlands region
Y&H	Yorkshire and Humber Region

Introduction

Autism is a lifelong developmental disability that affects how a person communicates with, and relates to, other people. It also affects how they make sense of the world around them (1). In 2009, the UK Parliament passed the Autism Act (2). This commits the Department of Health in England to producing and keeping under review a strategy (3) for meeting the needs of adults in England with autistic spectrum conditions by ensuring that relevant local authority and NHS services are accessible to them. In addition to the strategy, the Government is required to produce guidance for local health and social care services about its implementation (4) Guidance must be reviewed periodically in the light of progress towards implementing the strategy.

One approach the Government has taken to collecting evidence about the progress of implementation has been to ask local authorities and their NHS and other partner organisations to undertake local self-assessments. In these, authorities are asked to rate their provision against a set of standards. The first, baseline self-assessment was conducted in 2011. An update was carried out in 2013 to inform the first full revision of the strategy, and a further update took place in 2014. The results from the 2014 exercise can be found at the Improving Health and Lives (IHAL) website (5) along with all other previous results. This report documents the findings of the fourth national autism self-assessment undertaken between July 2016 and November 2016.

Background

The first autism strategy Fulfilling and Rewarding Lives was published in 2010 (3). In most cases the strategy was not about providing special services for people with autism. Its main concern was to ensure that the provision of general health, local government and other services was 'reasonably adjusted' to be properly accessible to people with autism and to respond appropriately to them. The exception to this was the specific requirement to provide access to diagnostic services to help people clarify whether or not they have autism. Accordingly the initial strategy, Fulfilling and Rewarding Lives focussed on five specific areas:

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

The first update, 'Think Autism' followed in April 2014 (6). In the intervening period a lot of progress had been made both locally and nationally. This included work to develop

better diagnostic and support services, to enhance accessibility of a wide range of general mainstream services, to expand autism training, and to bring people with autism and those who care for them into the national and local planning process. These changes were all documented in the second autism self-assessment of 2012.

'Think Autism' identified fifteen priority challenges for action. These are set out in box 1. The 2014 self-assessment framework exercise, which was undertaken later the same year, was intended to establish new baselines for the more detailed aspirations of the revised strategy. The 2016 exercise is the first opportunity to look at subsequent progress. Thus it was designed to ask questions which were in most cases the same to those asked in 2014 to allow comparison. A number are the same as questions asked in 2013. Changes to 2014 questions were made either where the originals had proved ambiguous or where updating was needed to reflect the changes introduced by the 2014 Care Act (7) or other developments. In a few cases additional questions were added to provide greater detail.

The 2016 self-assessment exercise

Details of the fourth self-assessment exercise were published in July 2016 (see Appendix 1). Local autism strategy groups, comprising representatives of local authorities, corresponding healthcare commissioners and providers and other involved agencies were asked to participate with upper tier local authorities co-ordinating their responses. The invitation letter stressed the importance of producing a review of progress from a rounded perspective 'with partners including people with autism and their families'. The letter also emphasised the importance of working with health partners, such as NHS England and Clinical Commissioning Groups. Questions covered broadly the same topic areas as the 2013 and 2014 exercises:

- planning
- training
- diagnosis (led by the local NHS Commissioner)
- care and support
- housing and accommodation
- employment
- criminal justice system

Thirty one principal questions asked local authorities to rate their progress on key topics as red, amber or green (RAG) according to specified criteria. Forty one additional limited response (mostly yes/no) questions were included to clarify important points. Twenty three questions asked for relevant numbers. Each question provided an opportunity for respondents to add further comments or clarification of the answers. These were not intended to replace the main question but to enlarge, if respondents

wished, on how they had achieved successes or why they had struggled to reach intended standards. Finally, there was an opportunity to provide up to five accounts of personal experiences to illustrate the experience of using services from the perspective of a person with autism.

The exercise officially closed to data entry on 17 October 2016. However responses received up until 17 November 2016 were included in reporting. Responses were collated and analysed, by the Learning Disabilities Observatory Team in Public Health England's Clinical Epidemiology section.

Box 1. The 15 priority challenges for action

1. I want to be accepted as who I am within my local community. I want people and organisations in my community to have opportunities to raise their awareness and acceptance of autism.

2. I want my views and aspirations to be taken into account when decisions are made in my local area. I want to know whether my local area is doing as well as others.

3. I want to know how to connect with other people. I want to be able to find local autism peer groups, family groups and low level support.

4. I want the everyday services that I come into contact with to know how to make reasonable adjustments to include me and accept me as I am. I want the staff who work in them to be aware and accepting of autism.

5. I want to be safe in my community and free from the risk of discrimination, hate crime and abuse.

6. I want to be seen as me and for my gender, sexual orientation and race to be taken into account.

7. I want a timely diagnosis from a trained professional. I want relevant information and support throughout the diagnostic process.

8. I want autism to be included in local strategic needs assessments so that person centred local health, care and support services, based on good information about local needs, is available for people with autism.

Box 1. The 15 priority challenges for action (cont.)

9. I want staff in health and social care services to understand that I have autism and how this affects me.

10. I want to know that my family can get help and support when they need it.

11. I want services and commissioners to understand how my autism affects me differently through my life. I want to be supported through big life changes such as transition from school, getting older or when a person close to me dies.

12. I want people to recognise my autism and adapt the support they give me if I have additional needs such as a mental health problem, a learning disability or if I sometimes communicate through behaviours which others may find challenging.

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

14. I want the same opportunities as everyone else to enhance my skills, to be empowered by services and to be as independent as possible.

15. I want support to get a job and support from my employer to help me keep it.

Methodology

A joint letter announcing the 2016 exercise was issued by the Department of Health and the Association of Directors of Adult Social Services (ADASS) in July 2016 to Directors of Adult Social Services (see Appendix 1). Details of the 2016 exercise including questions and a response spreadsheet were then published on Knowledge Hub in a designated Autism Self-Assessment Framework group. The data collection tool was a questionnaire in the form of an Excel spreadsheet. The questionnaire was divided into the following sections- planning, training, diagnosis, care and support, employment, housing and accommodation, and criminal justice. Responses were then collated and analysed using Microsoft Excel 2010 and Microsoft Access database 2010.

Yes/no questions were worded so that yes was always the desirable response. For most questions respondents were asked to report the position in their area at March 2016. Where data were requested for a 12-month period, this was specified as the most recent complete year at the time the work was being undertaken – this was the year 2015 to 2016.

The questions were compared to previous years (2013 and/ or 2014) and accordingly were grouped into the following four categories:

- new – new question
- identical – exactly same as the previous years
- similar – more or less the same with some minor changes
- more precise – either the question and/or the ratings were made more precise

Fourteen of the RAG rated questions and 10 of the yes/no or short list questions were unchanged (identical) from the 2014 self-assessment exercise. Direct comparisons can be made between the findings of the two exercises for these. Wherever, the questions were same in the 2013 exercise as well, comparisons were made across three years. Seven of the RAG questions and two of the clarifying questions were modified following the 2014 exercise. In some cases changes were minor, but most were intended to sharpen the precision of the questions. This limits the comparability of responses to those for the previous year. The remaining 12 RAG and eleven clarifying questions were new.

In presenting numerical data, such as numbers receiving a diagnosis of autism in the last year, numbers have usually been divided by local population numbers to produce figures which can be compared between authority areas of widely differing sizes. In most cases we applied data checking rules to numbers and excluded responses that seemed impossible. Rules for data acceptance are set out in table 1. The following rules were used to calculate the responses to numerical questions. In case the responses submitted by local authorities, did not meet either of these rules for a particular question, they were classed as an 'Unusable response'.

Table 1: Data acceptance rules for number questions.

Question number	Rules for inclusion in analysis
Q7.02	Not <1, Not less than Q7_03 or Q7_04
Q7.03 and Q7.04	Not >Q7.02
Q13.01, 13.02, 13.03,13.04 and 13.05	Not <1
Q18.02	Not <1
Q18.03	Not <1 and Not > Q18.02
Q28, 29, 30, 31	Not <0
Q32	Q32_01+Q32_02+Q32_03+Q32_04+Q32_05<=Q31 else all Q32 fail
Q32.01, 32.02, 32.03, 32.04, 32.05	Not <0 and Not > Q31
Q40.01	Not <0
Q40.02 and 40.03	Not <0, Not > Q40_1

Presentation in this report

This report gives detailed findings about the responses to each of the questions. The first section deals with completeness of responses and gives an overview of the responses and a comparison with the previous framework. This is followed by sections for the seven areas listed above. Each begins with some background and a brief comparison of the findings to earlier years. The terms 'improve' or 'deteriorate' in these introductory comparisons indicate a change in the percentage of local authorities reporting themselves as meeting or not meeting goals of 3% or more from the 2014 self-assessment. This is followed by a section for each question. Questions are printed in light grey characters and followed by an initial table showing the national pattern of responses. The questions are categorised as identical, similar, more precise or new based on previous years' questions. This is stated in brackets besides each question. For questions that have not changed since 2013 and /or 2014, the previous figures are also shown. Generally, this is followed by charts giving regional findings and maps showing responses from each local authority. Local authority and former Government Office region boundaries are marked on the maps. The local authorities concerned are those with social services responsibilities, commonly termed 'Upper Tier Local Authorities' or 'UTLA'. For RAG questions the detailed rating guidance is reproduced alongside appropriately coloured bars in the left margin. Each section ends with a three-year comparison chart for the RAG and yes/no questions.

With the number questions we have tried to show as clearly as possible the range of responses from local areas. We have done this with 'range charts'. As these are found throughout the document, we explain how these charts should be read here. Figure 1 is

an example of a range chart. It is a copy of Figure 21 which appears on page 65.This shows the range of rates of people meeting social care eligibility criteria with autism. The lowest horizontal bar shows ranges for all local authority areas in England, higher bars show the range for individual regions. These are the former Government Office regions.

The numbers in brackets after the region name show first the number of local authorities that sent us usable data and that are therefore included in the chart and then the total number in the region. The pale grey bar shows the complete range of responses for England or the region. It stretches from the lowest reported value to the highest. The darker grey bar shows the range for the middle half of included values. This is often called the inter-quartile range – a quarter of reported values are below this and a quarter above. The red line shows the value for the local authority in the middle – half of the other areas will have provided higher values and half lower. This is called the median. Where the pale grey bar is very wide it suggests a few areas have sent data that may not be reliable. Where the dark grey section of the bar for some regions shows little or no overlap with the dark grey section for others, then as long as it is based on a reasonable proportion of boards, it suggests practice may differ between regions.

The maximum value on the axis was limited to either twice the England median or 1.1 times the maximum non-England value (whichever was larger). If the chart was a percentage chart and the above criteria came out above 100%, it was truncated at 100%.Wherever the pale grey bar exceeded the boundaries of the chart, it was shortened to fit the scale and size of the chart. The maximum value is reported as 'truncated: max…' on that bar. For example in figure 1, the upper limit of the x-axis scale is 100. Thus, a 'truncated: max' comment has been added on the bars of the regions wherever the maximum value exceeded 100.
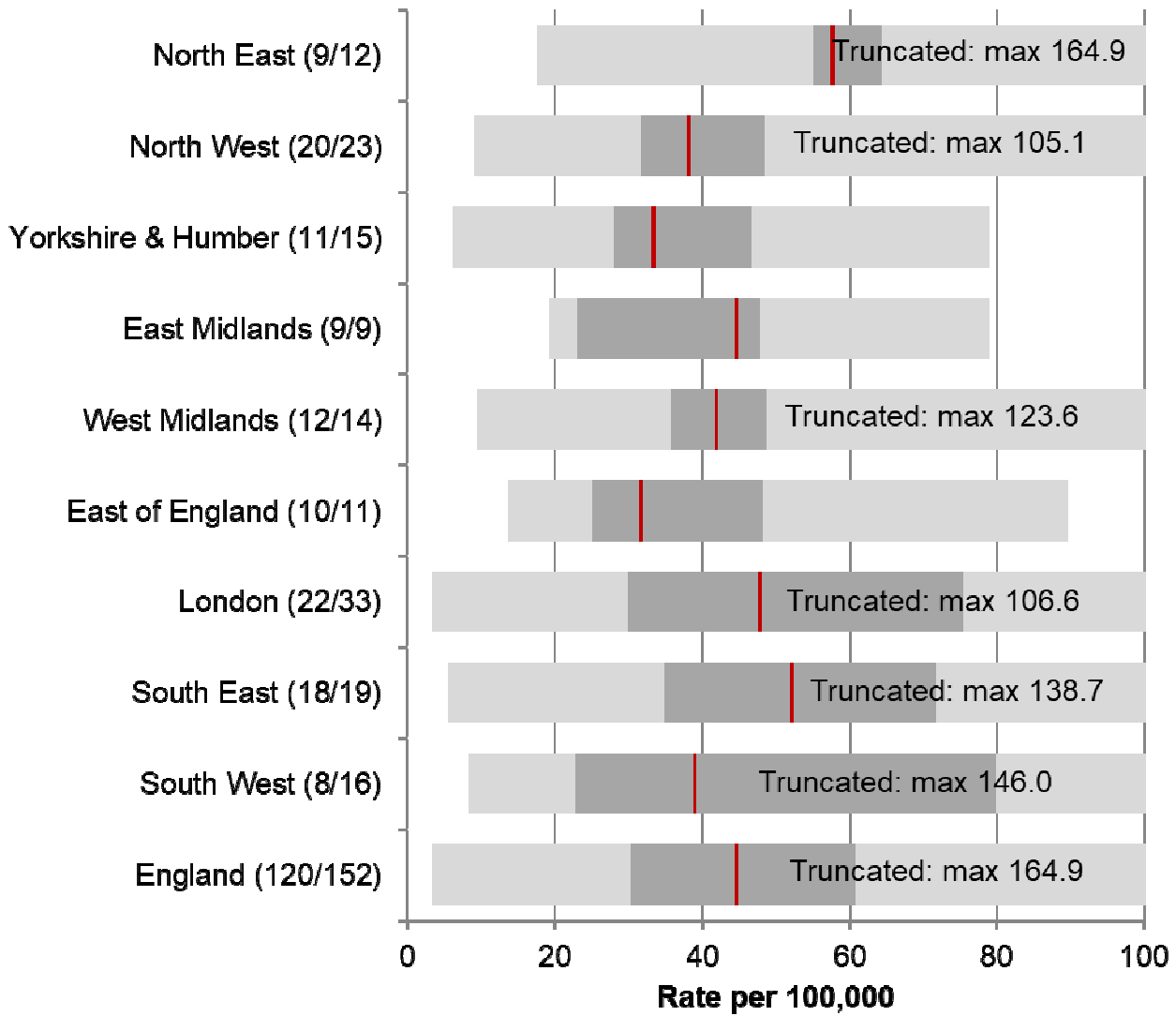
Figure 1: Demonstration figure - this is a copy of Figure 21: Rates of people with autism meeting social care eligibility criteria

Thematic analysis

Most questions allowed local authorities to add brief comments of explanatory detail about their responses. All these comments can be found in the complete responses published online, except where the responses contained any sensitive data. In some key areas we undertook formal thematic analyses of them. These include illustrative examples of comments, which have been chosen to illustrate good practice or positive results.

Thematic analysis included in this report was performed on the following questions:

Planning Section
- Question 10: How have you and your partners engaged people with autism and their families and carers in planning?

Training:
- Question 17: Have you got a multi-agency autism training plan? Comment: What staff groups and agencies are included?

Diagnosis led by the local NHS Commissioner:
- Question 26: Have you got an established local autism diagnostic pathway? Comment: Does the pathway meet people with autism's needs?
- Question 29.01: When will your area be able to meet NICE recommended [QS51] (9) waiting time and expect to be able to keep within them? Comment: briefly note any contingency arrangements you have in place to manage short term increases in rate of referral to diagnostic services.
- Question 39: Do crisis services in your area routinely anticipate and provide for the crisis needs of people with autism but without a learning disability? Comment: Add any further comments you want.

Care and support:
- Question 42: Do you have a recognised pathway for people with autism but without a learning disability to access a care assessment and other support? Comment: Add any further comments you want.
- Question 44: Do adults with autism who could not otherwise meaningfully participate in needs assessments, care and support planning, appeals, reviews, or safeguarding processes have access to an appropriately trained advocate? Comment: add any further comments you want.

Criminal Justice System:
- Question 52: Are the criminal justice services (police, probation and, if relevant, court services) engaged with you as key partners in planning for adults with autism? Comment: Add any further comments you want

Related resources

Further resources related to the background and results of previous Autism Self-Assessment exercises can be found at http://webarchive.nationalarchives.gov.uk/20160704150527/http://www.improvinghealth andlives.org.uk/projects/autsaf2014results

The complete responses from local authorities are published in an accompanying spreadsheet. This includes all ratings and all associated explanatory comments in full. The only responses omitted from this spreadsheet are the personal experience reports. These are published in full in an accompanying volume but omitting the link to their source local authorities to ensure non-identifiability.

Completion rate and overall pattern of responses

This year 145 out of 152 local authorities with social services responsibilities responded to the questionnaire. They were asked which partners had been involved in completing the frameworks. The proportion of partners that supported each region can be seen in Table 2.

Some observations from Table 2 are that local authority adult social services were consulted by 95% of local authorities. Court services were the least likely to be involved in the exercise - overall, 27% of local authorities. Health and Wellbeing boards were in surprisingly few areas, with only 30% of returns including that group. Informal carers, family, friends of people on the autistic spectrum were involved in 78% of the submissions overall, though in the Yorkshire and Humber this group was involved in 100% of submissions. The region with the lowest proportion of involvement for this group was the North West with 61%. People on the autism spectrum were involved in 74% of submissions overall; the lowest proportion was in London with only 61% of submissions involving this group. East Midlands involved this group in all of their submissions.

Table 2: Proportion of local authorities reporting that each type of partner participated in completing the self-assessment framework by region

	EM (%)	EoE (%)	Lon (%)	NE (%)	NW (%)	SE (%)	SW (%)	WM (%)	Y&H (%)	Eng (%)
Local Authority Adult Social Services	100	100	82	100	96	100	100	100	100	95
Local Authority Department of Children's Services	89	100	79	92	91	100	100	100	93	92
Local Education Authority	78	64	52	75	83	68	63	64	60	66
Health and Wellbeing Board	67	27	24	42	26	37	6	50	20	30
Local Authority Public Health Department	100	73	73	50	65	84	63	79	67	72
Clinical Commissioning Group	100	91	79	100	96	89	88	100	100	91
Primary Healthcare providers	67	64	33	58	65	58	44	57	33	51
Secondary Healthcare providers	78	82	52	67	70	68	50	43	67	62
Employment Service	89	55	48	50	57	63	56	86	47	59
Police	100	64	45	33	48	58	44	57	73	55
Probation Service	78	36	33	25	22	58	6	43	40	36
Court Service	78	36	27	17	26	32	6	21	20	27
Local charitable / voluntary / self advocacy / interest groups	100	82	67	83	83	95	81	86	93	83
People on the autism spectrum	100	73	61	67	74	79	75	86	80	74
Informal carers, family, friends of people on the autistic spectrum	89	91	67	67	61	84	81	93	100	78

Overview of responses

Figure 2a gives an overview of the response to the whole exercise. It is not possible to put all the text of the questions onto this chart, so these are numbered and a key follows on page 27.

The chart is divided into the seven sections of the exercise. It shows the overall national balance of responses for each question. The whole bar for each question represents the responses of all 152 local authorities. Questions seeking a red/amber/green response are colour coded in the obvious way. Yes/no questions were all phrased so that the more desirable answer was 'Yes'. This is shown in dark blue and to the left of each bar. The grey sections at the right hand end of each bar represent non-responders to the question. For question 24 there is an additional paler grey section representing a group of 16 local authorities for whom the question was not applicable as they do not have local court services

Figure 2b shows a simple graphic representation of the balance of positive and negative moves for each of the questions that remained unchanged or almost unchanged from the 2014 exercise. The two responses for each local authority were compared and the authority was scored +1 if their response had changed in a positive direction, -1 if it had moved in an unfavourable direction and 0 if it was unchanged. Most questions showed positive movement with around ten more authorities reporting positive movement than negative movement. Questions 44 and 47 (provision of trained advocates for major assessments, appeals and safeguarding processes, and offers of assessments for carers) showed the most extensive positive movement.

The largest net negative movement was seen for question 18 (autism awareness training for all staff in health and social care). Smaller but substantial negative movements were seen for questions 13 (transition processes from young people's to adult services), 20 (training for staff carrying out statutory assessments) and 34 (diagnostic pathways automatically triggering offers of care assessments).
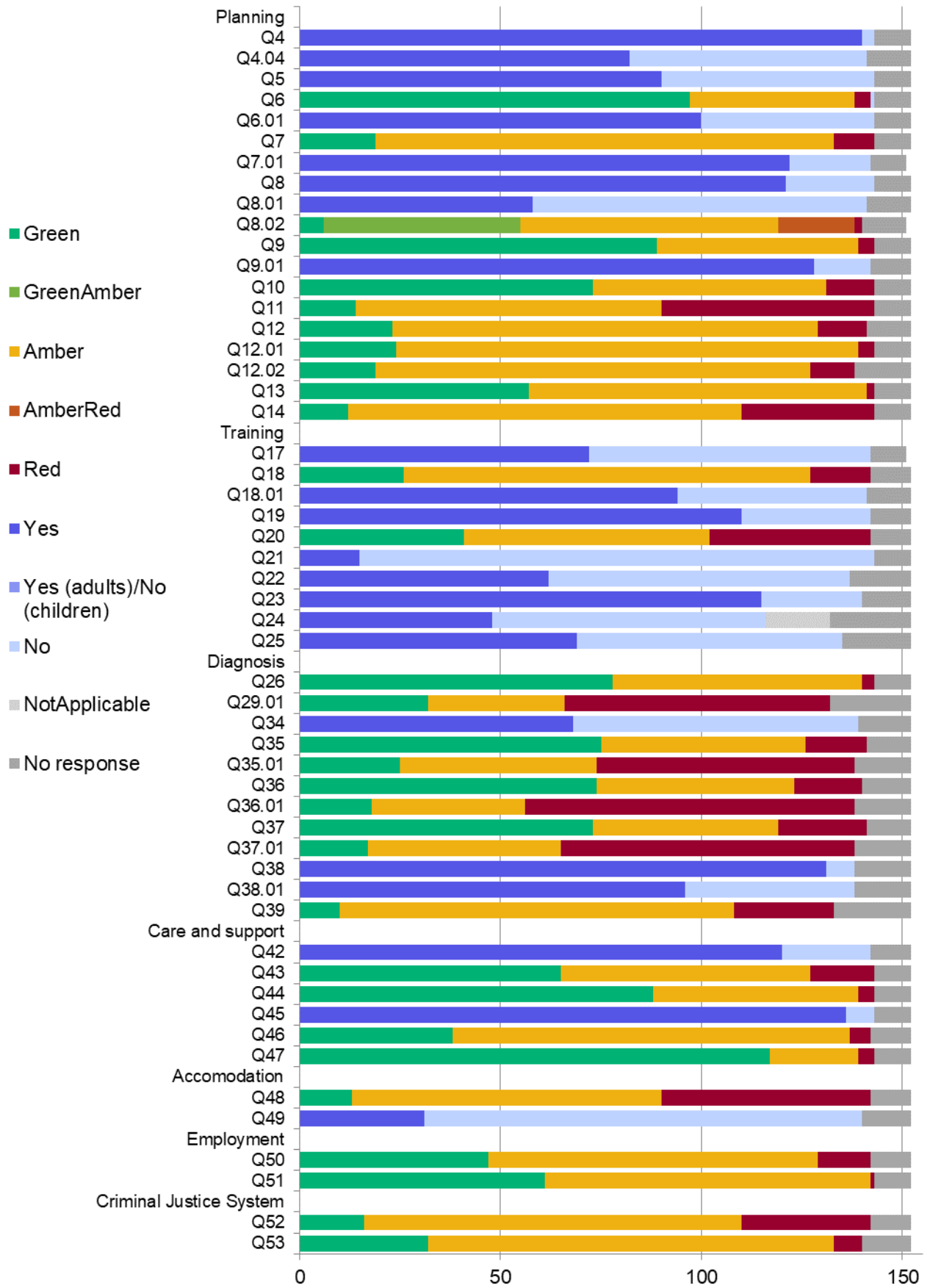
Figure 2a: Overview of RAG and yes/no question responses from 2016 self-assessment
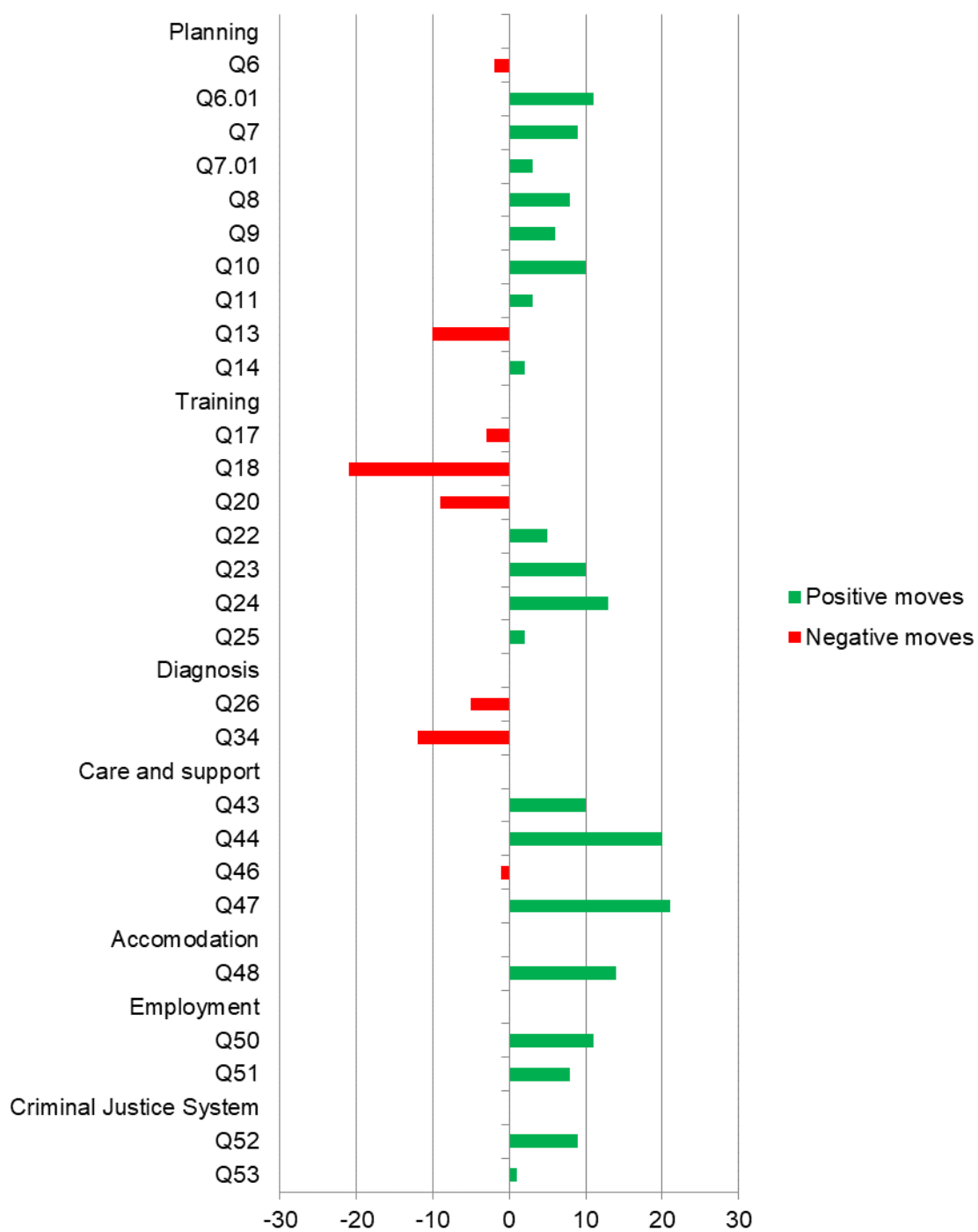
Figure 2b: The balance of positive and negative moves for each of the questions that remained unchanged or almost unchanged from the 2014 exercise

Key to questions in Figure 2

Planning

Q4	Does your area have a designated strategic lead for adults with autism e.g. an Autism Lead Role?
Q4.04	Is this your strategic joint commissioner?
Q5	Does your area have a separate operational lead for services for adults with autism?
Q6	Is autism included and explicitly considered in the local JSNA?
Q6.01	Does your local JSNA specifically consider the needs of children and young people with autism?
Q7	Do you collect data on those people referred to and/or accessing social care and/or health care and does your information system report data on people with a diagnosis of autism, including as a secondary condition, in line with the requirements of the social care framework?
Q7.01	Do you collect data on the total number of people currently known to adult social services with a diagnosis of autism (whether new or long-standing), who meet eligibility criteria for social care (irrespective of whether they receive any)?
Q8	Does your Local Joint Strategic Commissioning Plan (or other statement of joint commissioning intentions such as Health & Wellbeing Strategy, Autism Strategy or Market Position Statement etc., reflect local data and needs of people with autism?
Q8.01	Do you publish any data other than that collected in the JSNA?
Q8.02	Taking together any data in the JSNA and any other sources referenced here, how adequately do current collections of data sources service the requirements of planning and commissioning?
Q9	Are your local authority and local clinical commissioning group(s) (including the support service) both engaged in the planning and implementation of the strategy in your local area?

Q9.01	Do you have a local Autism Programme Board or equivalent in place which meets at least once a year and includes representatives of at least Adult Social Care and the Clinical Commissioning Group(s)?
Q10	How have you and your partners engaged people with autism and their families and carers in planning?
Q11	Have reasonable adjustments been made to general council services to improve access and support for people with autism?
Q12	In your area have reasonable adjustments been promoted to enable people with autism to access NHS services including primary care or GP services, mental health and acute services?
Q12.01	In your area have reasonable adjustments been promoted to enable people with autism to access health and social care information, support and advice?
Q12.02	In your area have reasonable adjustments been promoted to enable people with autism to access other public services including colleges and universities, libraries and all forms of public transport?
Q13	How do your transition processes from children's services to your local adult services take into account the particular needs of young people with autism?
Q14	How does your planning take into account the particular needs of adults age 65 and older.

Training

Q17	Have you got a multi-agency autism training plan?
Q18	Is autism awareness training being/been made available to all staff working in health and social care?
Q18.01	Do you record uptake levels of autism awareness training for local authority and/or NHS staff working in health and social care?
Q19	Specify whether self-advocates with autism and/or family carers are included in the design of training and/or whether they have a role as trainers. If the latter specify whether face-to-face or on video/other

	recorded media.
Q20	Is specific training being/been provided to staff that carry out statutory assessments on how to make adjustments in their approach and communication?
Q21	Do you have specific training that focuses on adults with autism over the age of 65?
Q22	Do clinical commissioning group(s) ensure that all primary and secondary healthcare providers include autism training (at levels outlined in the statutory guidance) as part of their ongoing workforce development?
Q23	Criminal justice services: Do staff in the local police service engage in autism awareness training?
Q25	Criminal Justice services: Do staff in the local probation service engage in autism awareness training?

Diagnosis

Q26	Have you got an established local autism diagnostic pathway?
Q29.01	When will your area be able to meet the National Institute of Care and Health Excellence (NICE) recommended [QS51] (9) waiting time and expect to be able to keep within them? Comment: briefly note any contingency arrangements you have in place to manage short term increases in rate of referral to diagnostic services.
Q34	In your local diagnostic pathway does a diagnosis of autism automatically trigger an offer of a care assessment (or re-assessment if the person has already had a current Care Act assessment)?
Q35	Can people diagnosed with autism and a learning disability access post diagnostic specific or reasonably adjusted psychology assessments?
Q35.01	Can people diagnosed with autism and without a learning disability access post diagnostic specific or reasonably adjusted psychology assessments?

Q36	Can people diagnosed with autism and a learning disability access post diagnostic specific or reasonably adjusted speech and language therapy assessments?
Q36.01	Can people diagnosed with autism and without a learning disability access post-diagnostic specific or reasonably adjusted speech and language therapy assessments?
Q37	Can people diagnosed with autism and a learning disability access post diagnostic specific or reasonably adjusted occupational therapy assessments?
Q37.01	Can people diagnosed with autism and without a learning disability access post-diagnostic specific or reasonably adjusted occupational therapy assessments?
Q38	Is post-diagnostic adjustment support available with local clinical psychology or other services for those people diagnosed with autism and a learning disability?
Q38.01	Is post-diagnostic adjustment support available with local clinical psychology or other services for those people diagnosed with autism and without a learning disability?
Q39	Do crisis services in your area routinely anticipate and provide for the crisis needs of people with autism but without a learning disability?

Care and support

Q42	Do you have a recognised pathway for people with autism but without a learning disability to access a care assessment and other support?
Q43	Do you have a programme in place to ensure that all advocates working with people with autism have training in their specific requirements?
Q44	Do adults with autism who could not otherwise meaningfully participate in needs assessments, care and support planning, appeals, reviews, or safeguarding processes have access to an appropriately trained advocate?
Q45	Can people with autism access support if they are not eligible under the Care Act or not eligible for statutory services?
Q46	How would you assess the level of information about local support across the area being accessible to people with autism?
Q47	Where appropriate are carers of people assessed as having autism and eligible for social care support offered assessments?

Housing and accommodation

Q48	Does the local housing strategy and/or market position statement specifically identify autism?
Q49	Do you have a policy of ensuring that local housing offices all have at least one staff member who has training in autism to help people make applications and fill in necessary forms?

Employment

Q50	How have you promoted in your area the employment of people on the Autistic Spectrum?
Q51	Do autism transition processes to adult services have an employment focus?

Criminal Justice System

Q52   Are the criminal justice services (police, probation and, if relevant, court services) engaged with you as key partners in planning for adults with autism?

Q53   Is access to an appropriate adult service available for people on the autistic spectrum in custody suites and nominated 'places of safety'.

Local authority area

Background

Implementing the Autism Strategy requires a range of local statutory bodies to work together. Local authorities need to collaborate with local NHS organisations, as well as a range of other partners. The self-assessment exercise showed that in addition to these inter-agency partnerships, some local authorities have also collaborated with neighbouring local authorities.(5)

Since the first self-assessment exercise, there have been substantial changes in the way health and social services are delivered and commissioned as a result of the 2012 Health and Social Care Act (8) and the 2014 Care Act (7). One of the aims of this Act was to increase the amount of joint commissioning of services between local government and health services. If anything, this increases the importance of co-working between health and adult social services departments in implementing the Strategy. This is made simpler where local authorities and CCGs share common boundaries.

To clarify these co-working arrangements, the exercise asked how many CCGs each local authority related to and if they were working with other local authorities to implement the Adult Autism Strategy in their area.

Findings

Over half of all local authorities (83; 55%) reported collaborating with other local authorities in implementing part or all of the priorities of the strategy.

For the majority of local authorities (104; 68%) co-working with NHS clinical commissioning groups (CCGs) is helped by having a simple relationship of one local authority to one CCG. Forty one local authorities (27%) relate to more than one CCG and 15 local authorities (10%) work with four or more CCGs.

Question 2: How many Clinical Commissioning Groups do you need to work with to implement the Adult Autism Strategy in your local authority area? (This question is identical to 2014)

Number of CCGs	Local authorities
1	104 (68%)
2	11 (7%)
3	15 (10%)
4	4 (3%)
5	5 (3%)
6	4 (3%)
8	2 (1%)
No response	7 (5%)

Figure 3 shows the reported number of CCGs that local authorities work with by region.

Figure 4 maps the responses to this question. The responses to this question show that:
- in total, 104 (68%) authorities worked with just one CCG to implement the strategy
- the highest proportion of authorities who had to work with only one CCG was in the South West (94%)
- the lowest proportion of authorities who had to work with only one CCG was in the East Midlands (11%)
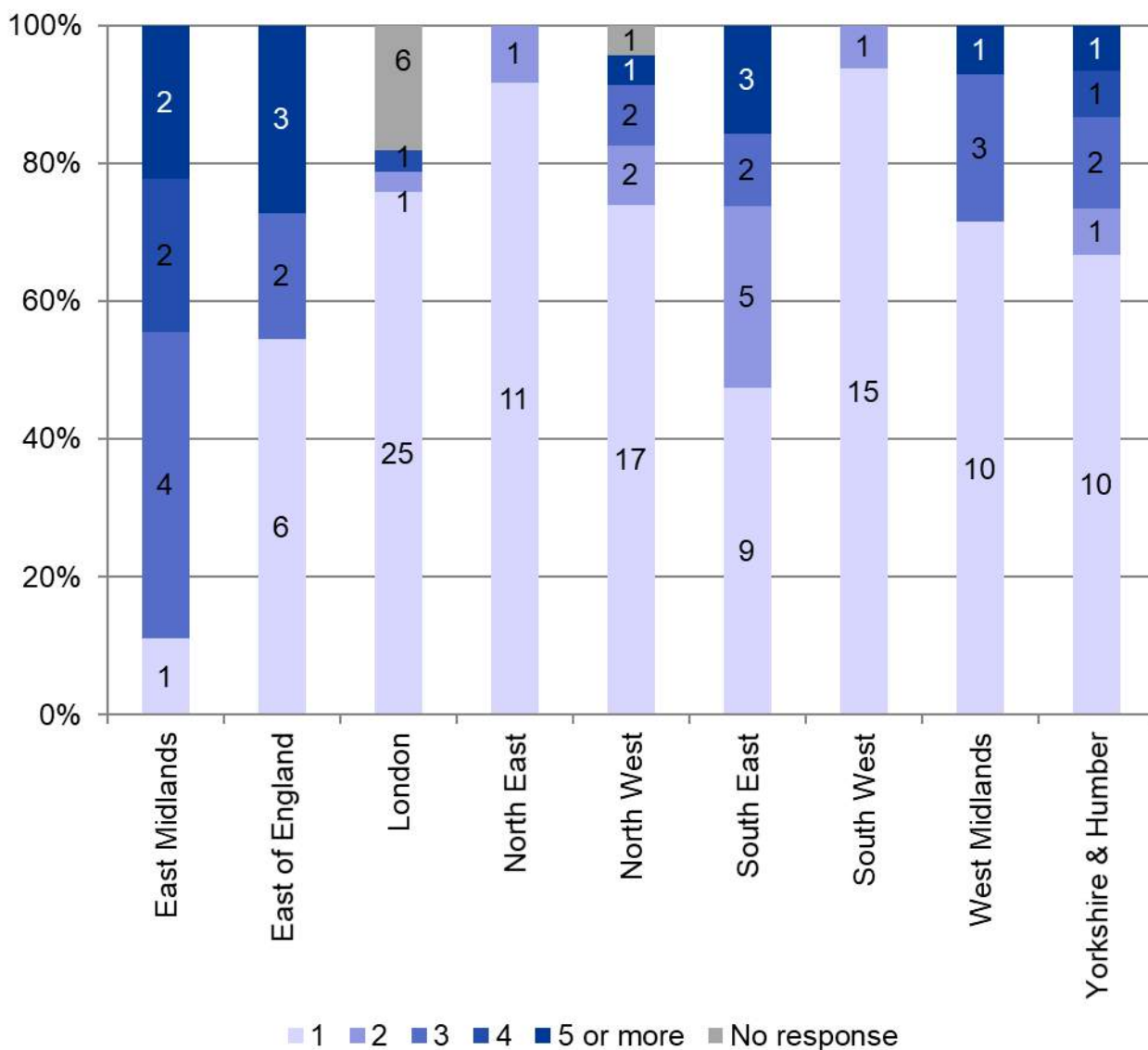
Figure 3: Number of Clinical Commissioning Groups local authority areas need to work with to implement the Adult Autism Strategy

Ratings:

- Regions (formerly GORs)
- UTLA
- No response
- 1
- 2
- 3
- 4
- Greater than 5

London Detail

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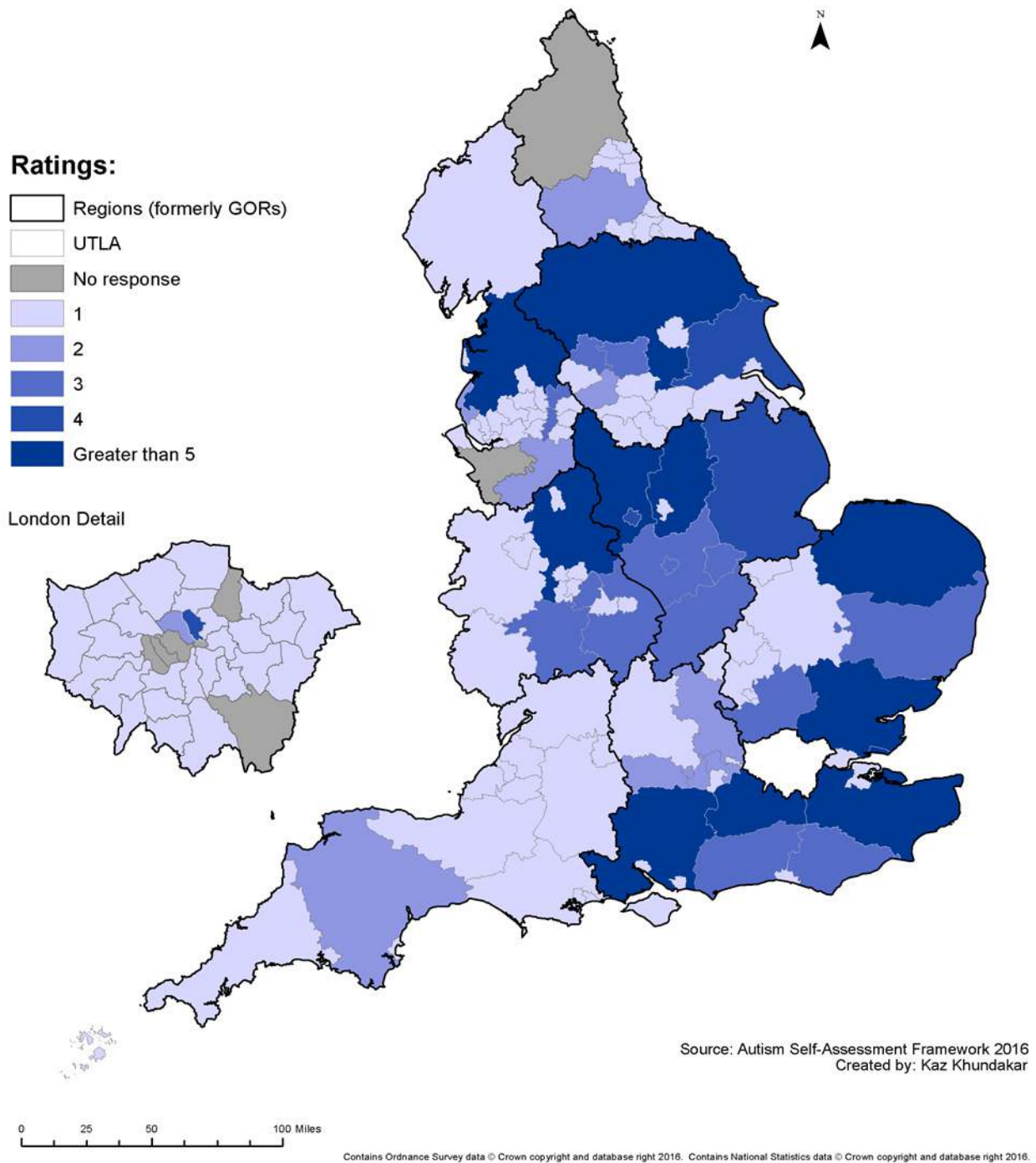
Figure 4: Map showing the number of Clinical Commissioning Groups local authority areas need to work with to implement the Adult Autism Strategy

Question 3: Are you working with other local authorities to implement part or all of the priorities of the strategy? (This question is identical to 2013 and 2014)

Response	Local authorities	Local authorities in 2014	Local authorities in 2013
Yes	83 (55%)	75 (49%)	89 (59%)
No	60 (39%)	73 (48%)	62 (41%)
No response	9 (6%)	4 (3%)	1 (1%)

Figure 5 and figure 6 show that:
- overall, 55% responded 'yes' and 39% responded 'no'
- regionally, the highest proportions of 'yes' responses were recorded in East Midlands (89%) and North West (74%)
- regionally, the highest proportions of 'no' responses were recorded in Yorkshire & Humber (73%) and North East (50%)
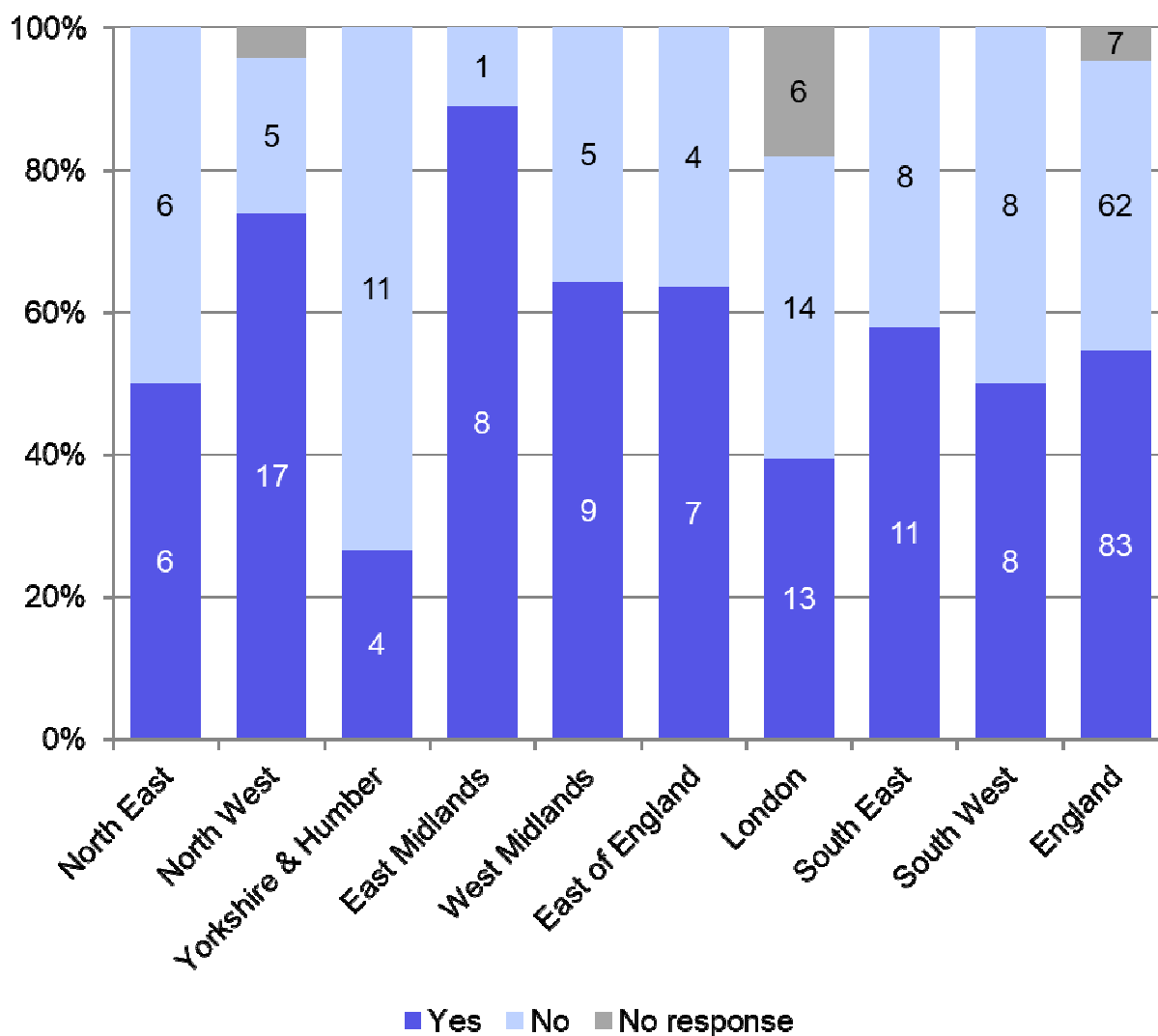
Figure 5: Responses by region for whether local authorities are working with other local authorities to implement part or all of the priorities of the strategy

Ratings:

- Regions (formerly GORs)
- UTLA
- No response
- Yes
- No

London Detail

Source: Autism Self-Assessment Framework 2016
Created by: Kaz Khundakar

0   30   60   120 Miles

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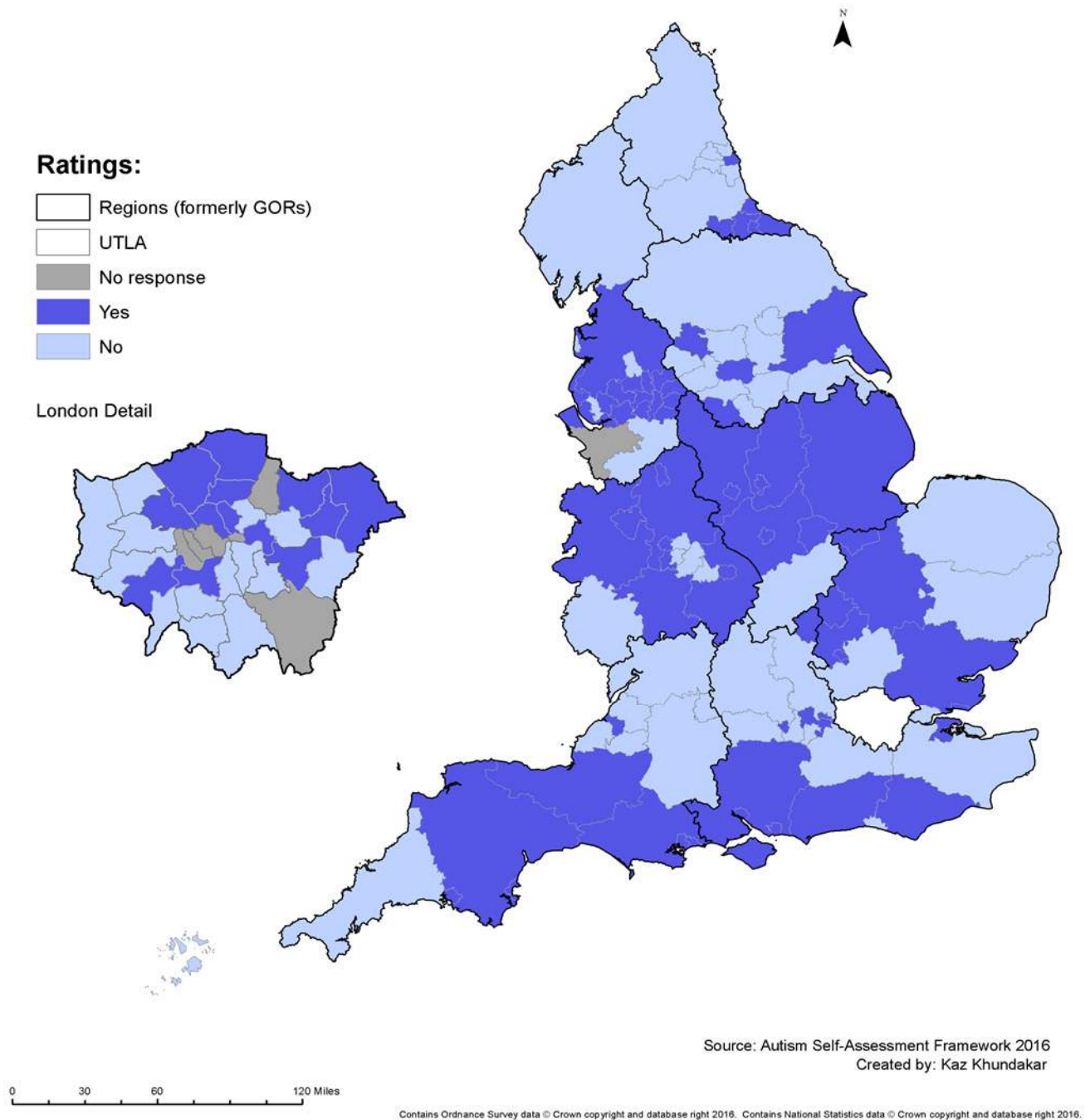
Figure 6: Map showing responses for whether local authorities are working with other local authorities to implement part or all of the priorities of the strategy

Planning

Background

The Adult Autism Strategy and the associated statutory guidance include a number of recommendations and expectations about the planning of services for adults with autism locally. These include:

- the appointment of a joint commissioner or senior manager with lead responsibility for services for adults with autism
- the development of a local commissioning plan for adults with autism based on the Joint Strategic Needs Assessment (JSNA) and other relevant local work
- the improvement of transition planning for young people with autism reaching school leaving age
- the improvement of transition planning and reasonable adjustments to services and support for older adults with autism reaching retirement age to enable them to live independently

Findings

One hundred and forty two (93%) local authorities reported having a designated strategic lead for adults with autism and 84 (55%) reported their autism lead was also the strategic joint commissioner. Ninety two (60%) identified they had a separate operational lead for services for adults with autism.

Ninety nine (65%) local authorities reported that autism is included and explicitly considered in the local JSNA with 102 (67%) stating their JSNA specifically considered the needs of children and young people with autism.

Nineteen (13%) local authorities recorded a green response to the question on data collection on accessing social care and/or health care and whether their information system report on people with a diagnosis of autism, including as a secondary condition, in line with the requirements of the social care framework. One hundred and twenty five (82%) local authorities reported collecting data on the number of people with autism eligible for social care.

One hundred and twenty two (80%) reported their Local Joint Strategic Commissioning Plan reflected local data and needs of people with autism. Fifty eight (38%) reported publishing some data other than that collected in the JSNA. Six (4%) rated themselves the highest (green) for the current collections of data sources service adequately meeting the requirements of planning and commissioning.

Ninety (59%) local authorities gave themselves the highest (green) rating for the involvement of CCGs and local authorities in planning and implementation of the strategy; seventy three (48%) gave themselves the highest rating for involving people with autism and their families and carers. One hundred and thirty (86%) reported having a local Autism Programme Board or equivalent in place meeting at least once a year and including representatives of at least Adult Social Care and the CCGs.

Thirteen (9%) local authorities rated themselves highest (green) for the question on making reasonable adjustments to general council services to improve access and support for people with autism. Twenty four (16%), 25 (16%) and 19 (13%) rated themselves green on the questions of promotion of these reasonable adjustments to enable people with autism to access NHS services, to access health and social care information, support and advice and to access other public services including colleges and universities, libraries and all forms of public transport, respectively.

Fifty-six (37%) local authorities rated themselves highest (green) on the question of consideration of the particular needs of young people with autism in transition processes. Only 12 (8%) authorities rated themselves highest (green) in relation to consideration of the needs of adults aged 65 and over with autism in planning.

The national median of reported rates for the number of people with autism meeting social care eligibility criteria was 44.1 per 100,000 population. Of those identified as having both autism and also learning disabilities the proportion meeting social care eligibility criteria was 80.4%; of those with both autism and mental health problems, 4.8%.

The national median of reported rates of children identified as having autism, and in years 10, to 13 in the school year 2015-2016 was 8.9 per 1000 population and the national median of reported rates for children with autism who had completed the transition process in the school year 2015-2016 was 1.4 per 1000.

Performance improved in the following areas compared to 2014:
- consideration of needs of children and young children people with autism in the local JSNA (up by 6%)
- data collection (up by 6%)
- local Joint Strategic Commissioning Plan reflecting local data and needs of people with autism (up by 3%)
- engagement with people with autism and their families and carers in planning (up by 9%)

Performance declined in one area compared with 2014:

- transition services taking into account the particular needs of young people with autism (down by 8%)

Performance remained more or less similar in the following areas:

- inclusion of autism in the local JSNA
- engagement of the local authority and the local CCG in the planning and implementation of the strategy
- reasonable adjustments to general council services to improve access and support for people with autism
- planning taking into account the needs of adults aged 65 and older

Responses for the following questions can be found in the 'Full Responses' file published online

- Question 4.01: If yes, what is the name of your autism lead?
- Question 4.02: If yes, what is the job title of your autism lead?
- Question 4.03: If yes, what is the email address of your autism lead?
- Question 4.05: What are the responsibilities of the joint commissioner/senior manager responsible for services for adults with autism?
- Question 5.01: If yes, what is the name of your operational autism lead?
- Question 5.02: If yes, what is the job title of your operational autism lead?
- Question 5.03: If yes, what is the email address of your operational autism lead?
- Question 15: How do your planning and implementation of the strategy take into account the particular needs of women with autism?
- Question 16: How do your planning and implementation of the strategy take into account the particular needs of people who have autism in BME communities?

Question 4: Does your area have a designated strategic lead for adults with autism e.g. an Autism Lead Role? (This question is new this year)

Response	Local authorities
Yes	142 (93%)
No	3 (2%)
No response	7 (5%)

Figure 7 and figure 8 show that:
- overall, 93% responded 'yes' and 2% responded 'no'
- in all of the regions, except the South East, the North West and Yorkshire and Humber,100% of local authorities responded 'Yes'
- the above three regions had one local authority each, reporting a 'No'
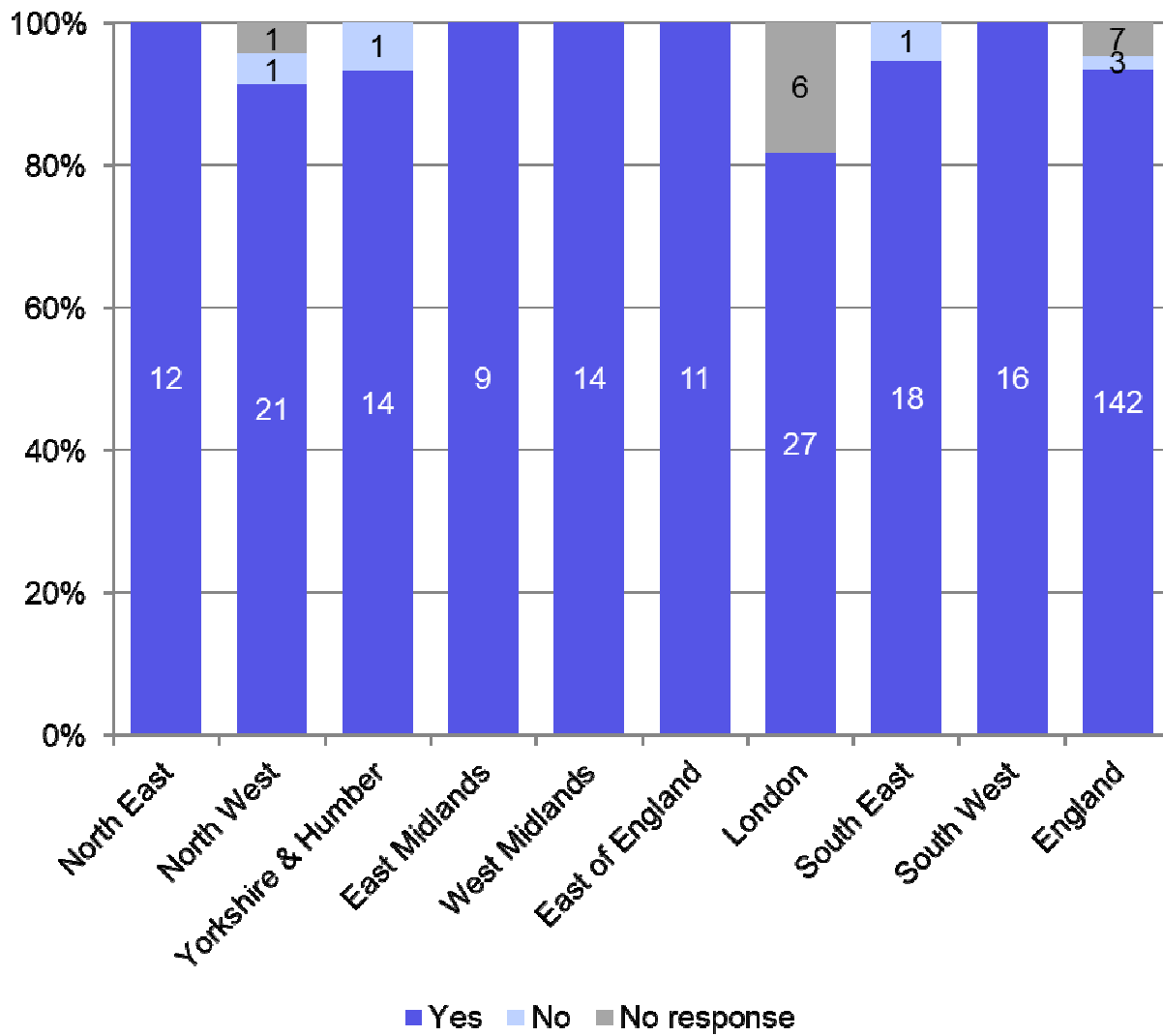
Figure 7: Local authorities' responses by regions to "Does your area have a designated strategic lead for adults with autism?"

Ratings:

Regions (formerly GORs)
UTLA
No response
Yes
No

London Detail

Source: Autism Self-Assessment Framework 2016
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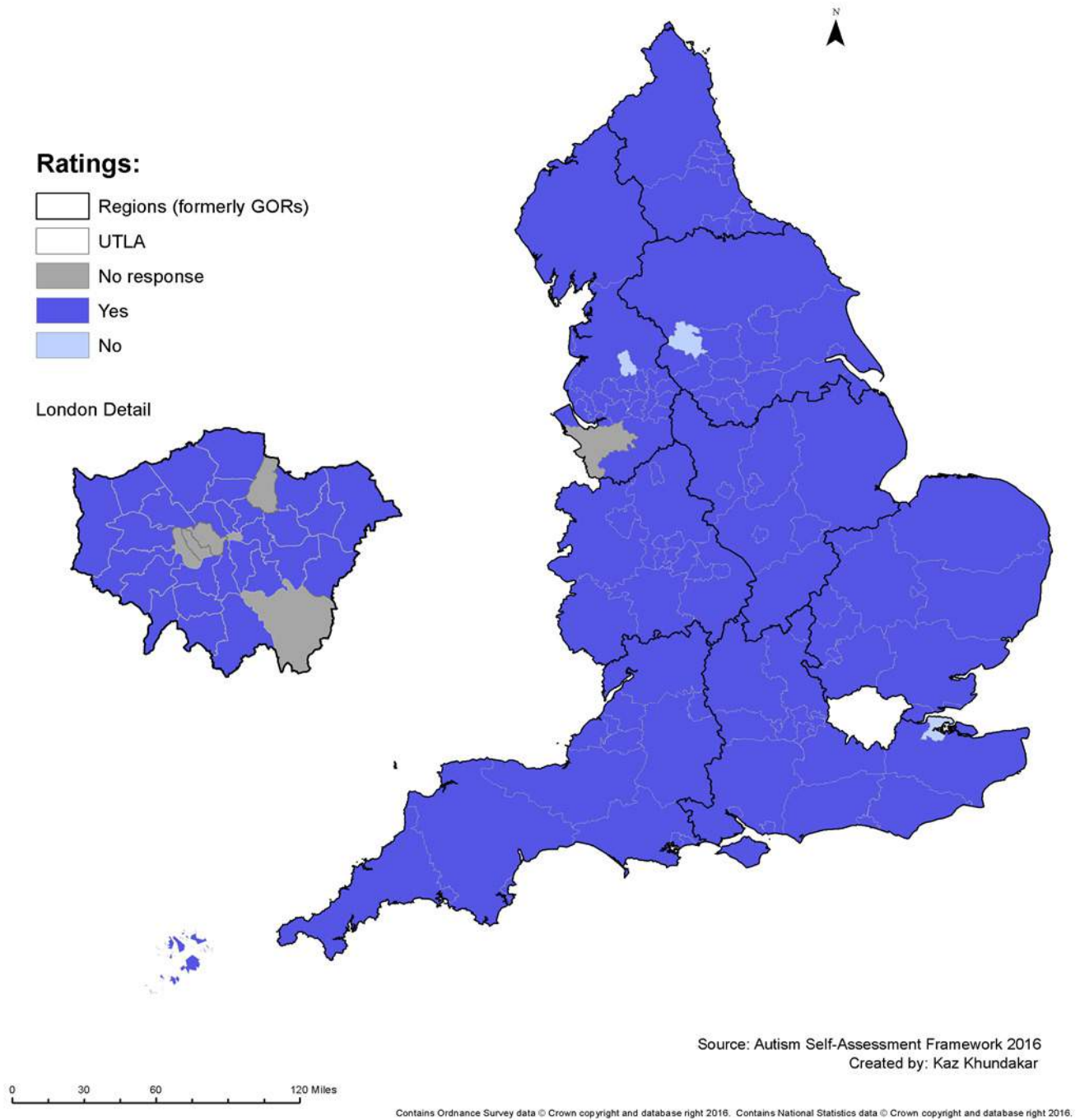
Figure 8: Map showing local authorities' responses to "Does your area have a designated strategic lead for adults with autism?"

Question 4.04: Is your autism lead your strategic joint commissioner? (This question is new this year)

Response	Local authorities
Yes	84 (55%)
No	59 (39%)
No response	9 (6%)

Figure 9 and figure 10 show that:
- overall, 55% responded 'yes' and 39% responded 'no'
- regionally, the highest proportions of 'yes' responses were recorded in East Midlands (89%) and North East (75%)
- regionally, the highest proportions of 'no' responses were recorded in North West (52%) and London (45%)
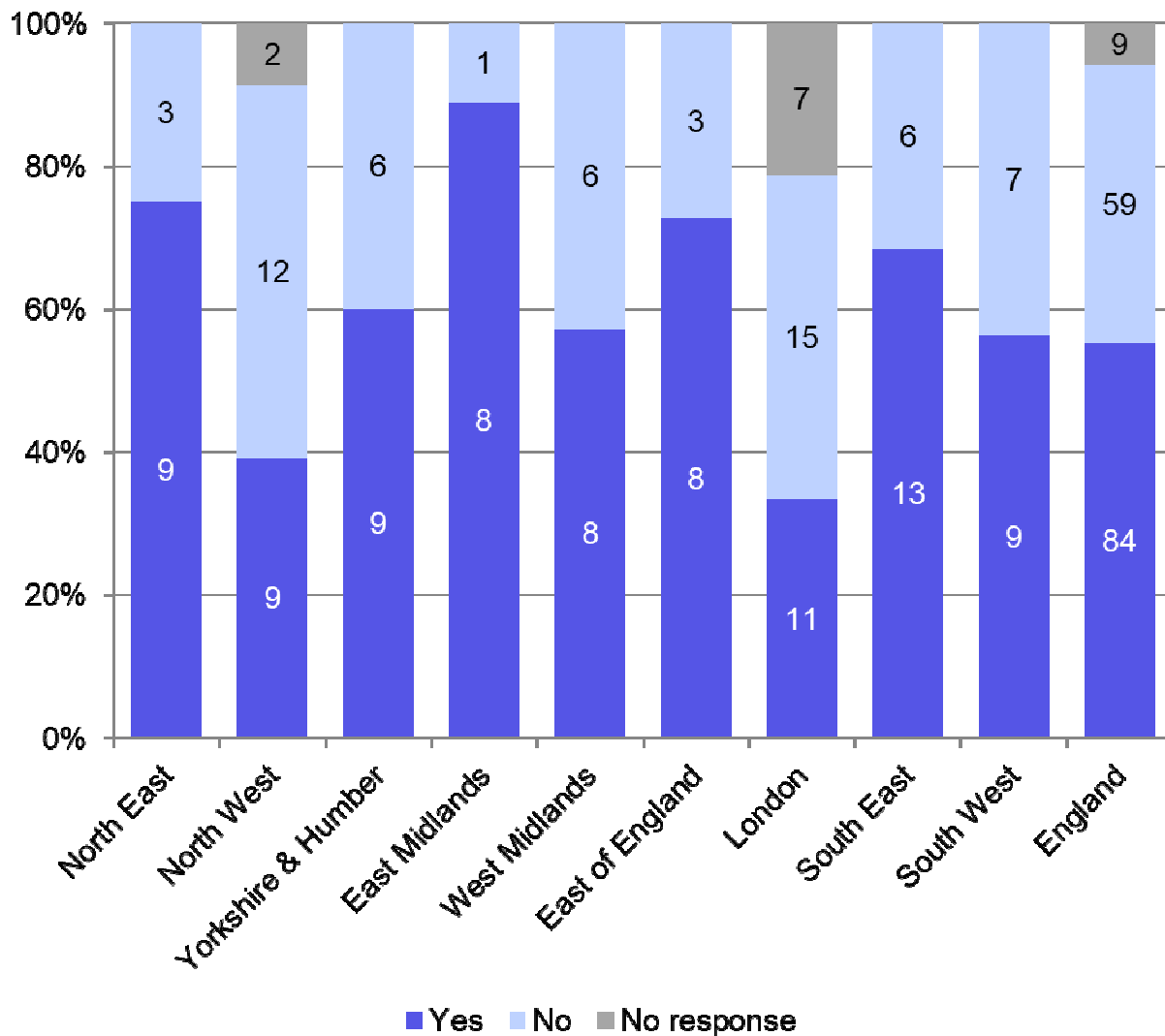
Figure 9: Local authorities' responses by regions to "Is your autism lead your strategic joint commissioner?"

Ratings:

Regions (formerly GORs)

UTLA

No response

Yes

No

London Detail

Source: Autism Self-Assessment Framework 2016
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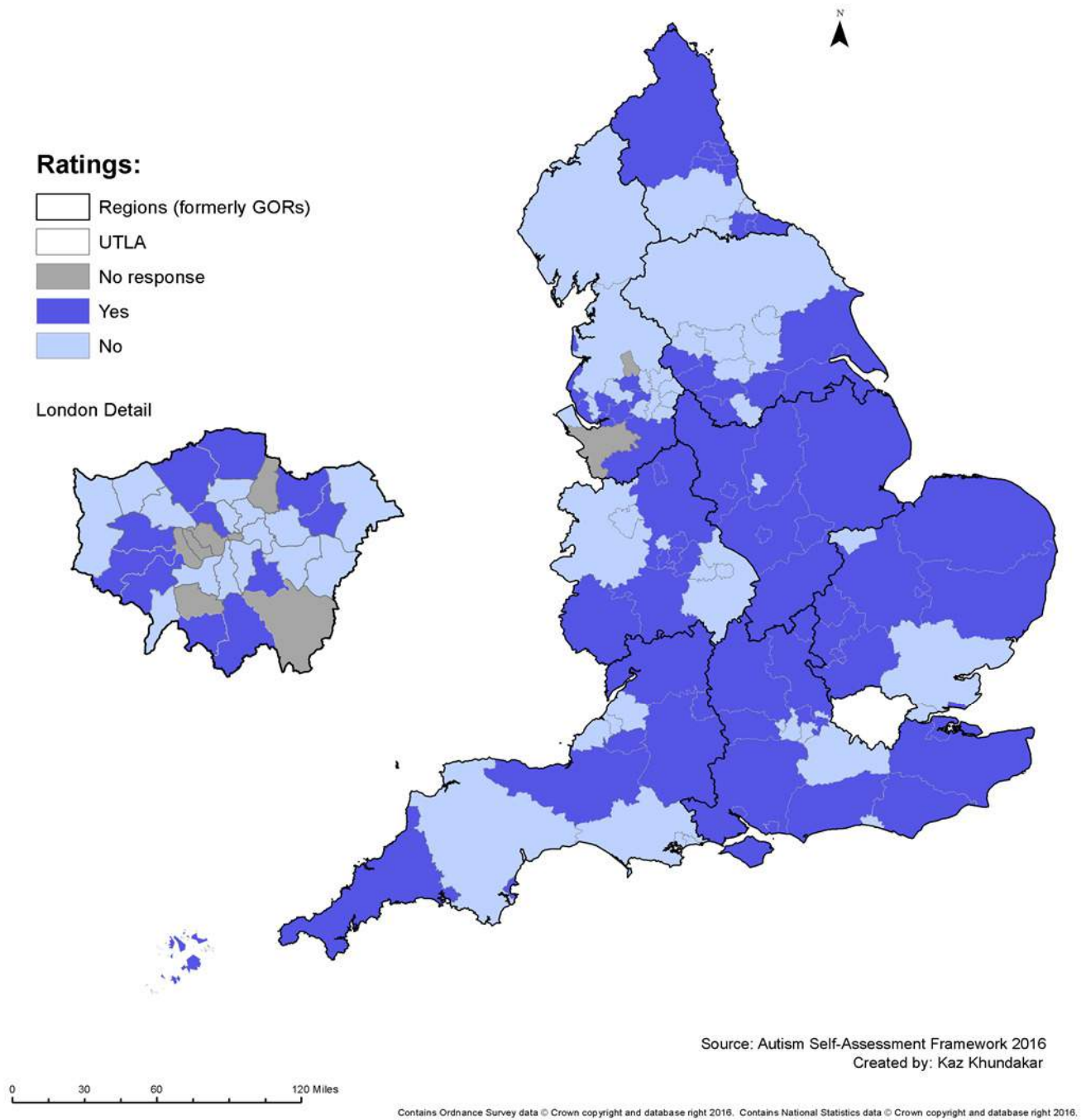
Figure 10: Map of local authorities' responses to "Is your autism lead your strategic joint commissioner?"

Question 5: Does your area have a separate operational lead for services for adults with autism? (This question is new this year)

Response	Local authorities
Yes	91 (60%)
No	54 (36%)
No response	7 (5%)

Figure 11 and figure 12 show that:
- overall, 60% responded 'yes' and 36% responded 'no'
- regionally, the highest proportions of 'yes' responses were recorded in East Midlands (78%) and East of England (73%)
- regionally, the highest proportions of 'no' responses were recorded in Yorkshire & Humber (67%) and West Midlands (50%)

These three questions give a measure of what the local leadership and structure looks like. An exploration of the implications of this are beyond the scope of this report but could be investigated in more detail.
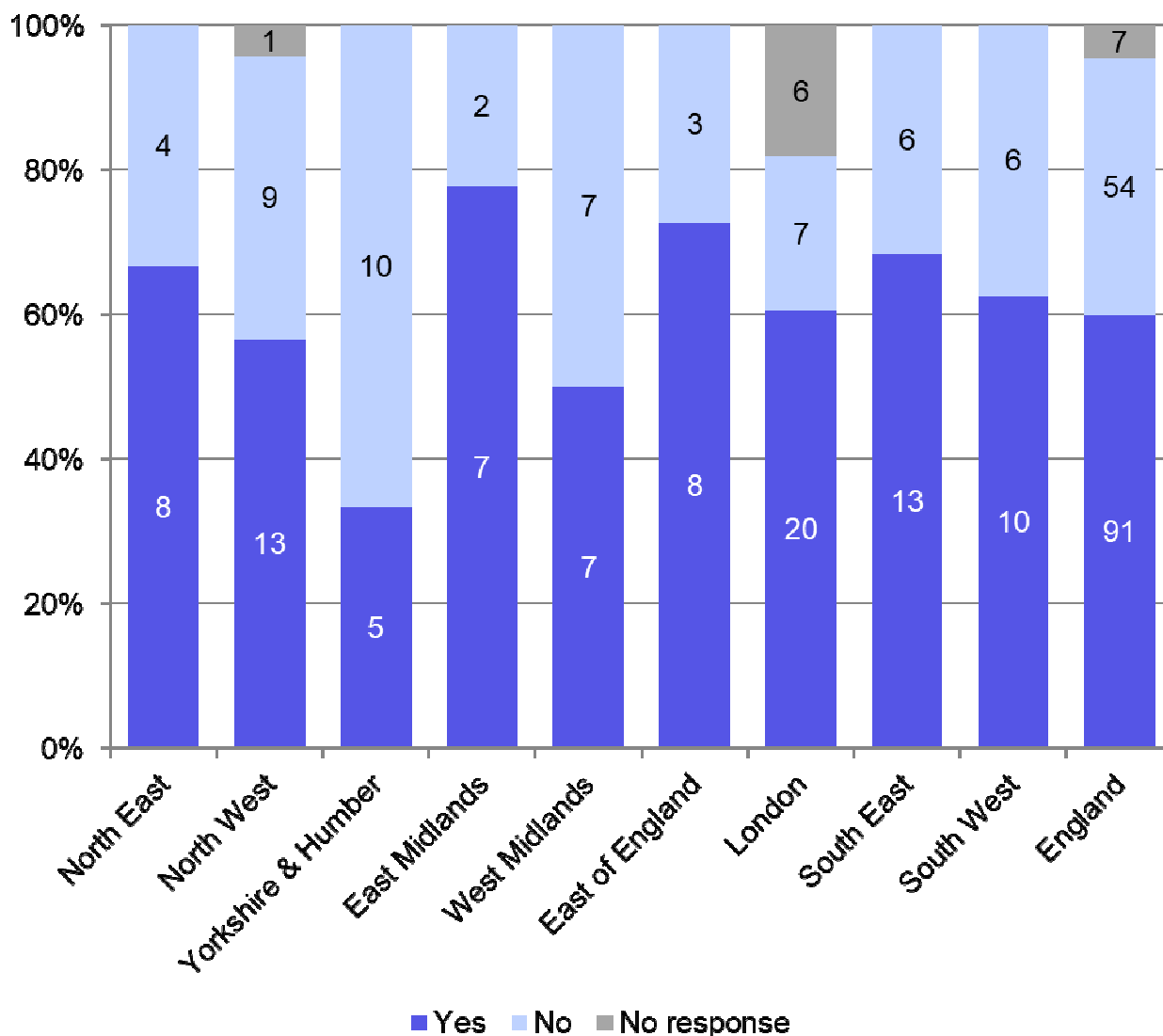
Figure 11: Local authorities' responses by regions to "Does your area have a separate operational lead for services for adults with autism?"

Ratings:

- Regions (formerly GORs)
- UTLA
- No response
- Yes
- No

London Detail

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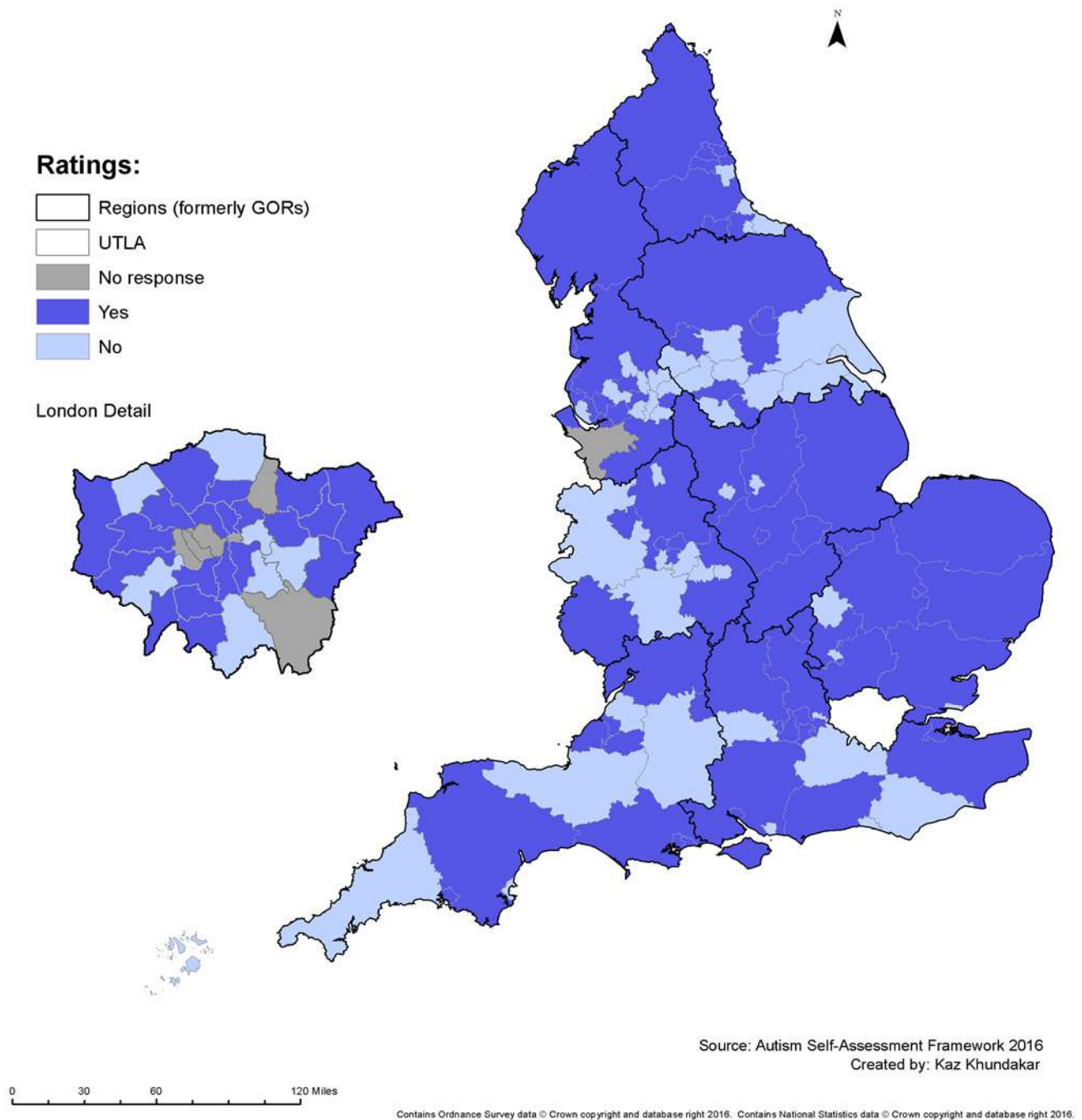
Figure 12: Map showing local authorities' responses to "Does your area have a separate operational lead for services for adults with autism?"

Question 6: Is autism included and explicitly considered in the local JSNA? (This question is more precise compared to 2013 and 2014)

No

Steps are in place to include in the next JSNA

Yes
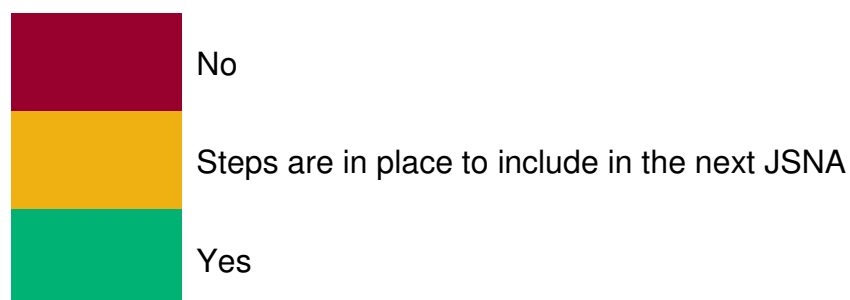
Response	Local authorities	Local authorities in 2014	Local authorities in 2013
Green	99 (65%)	101 (66%)	85 (56%)
Amber	41 (27%)	46 (30%)	60 (39%)
Red	4 (3%)	1 (1%)	6 (4%)
No response	8 (5%)	4 (3%)	1 (1%)

Figure 13 and figure 14 show that:
- overall, 65% of boards rated themselves as 'green', 27% rated themselves as 'amber' and 3% rated themselves as 'red'
- regionally, the highest proportions of 'green' ratings were recorded in the East of England (91%)
- West Midlands, South East and London had 2, 1 and 1 local authorities respectively, rating themselves as 'red'
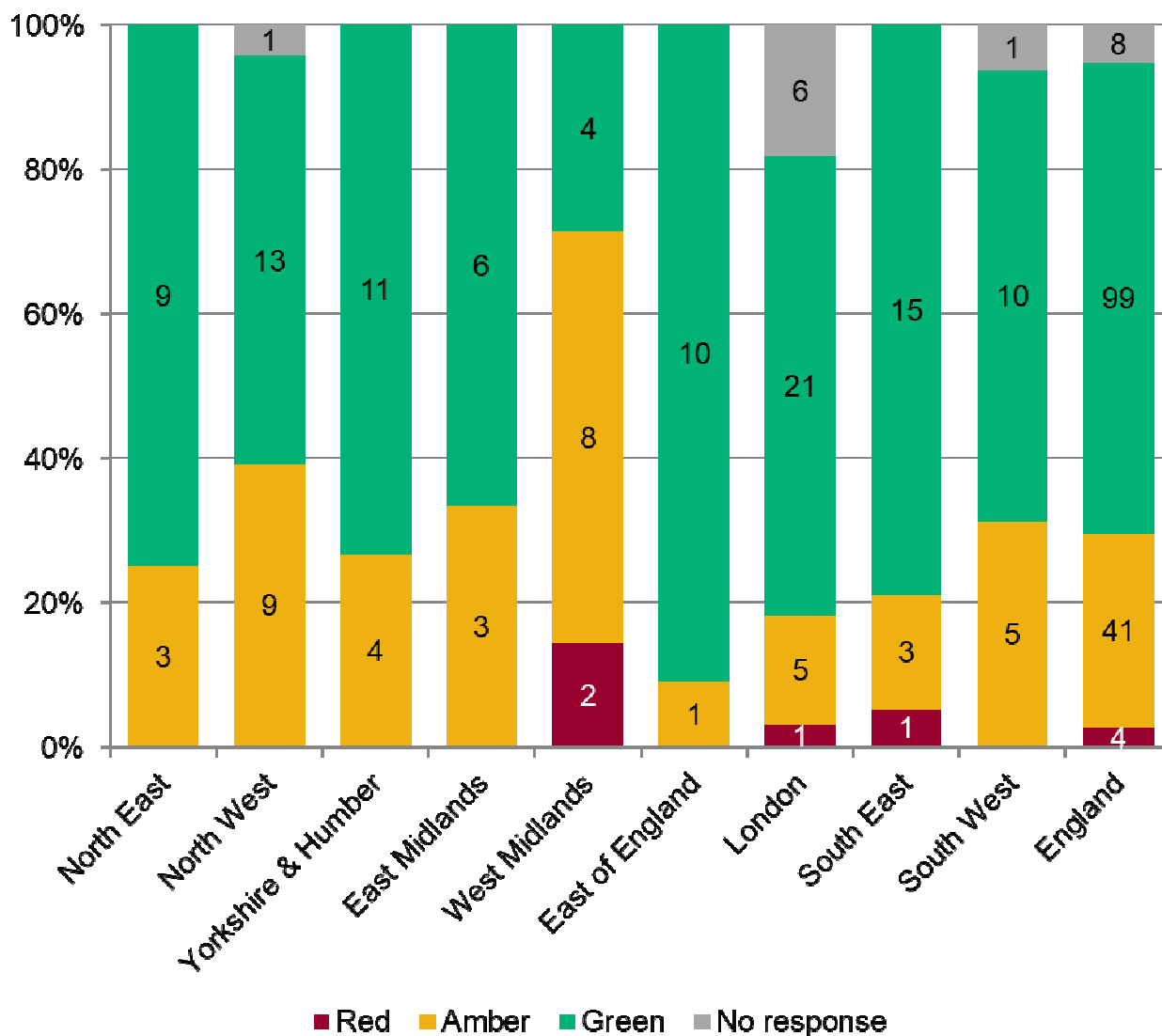
Figure 13: Local authorities' responses by regions to "Is autism included and explicitly considered in the local JSNA?"
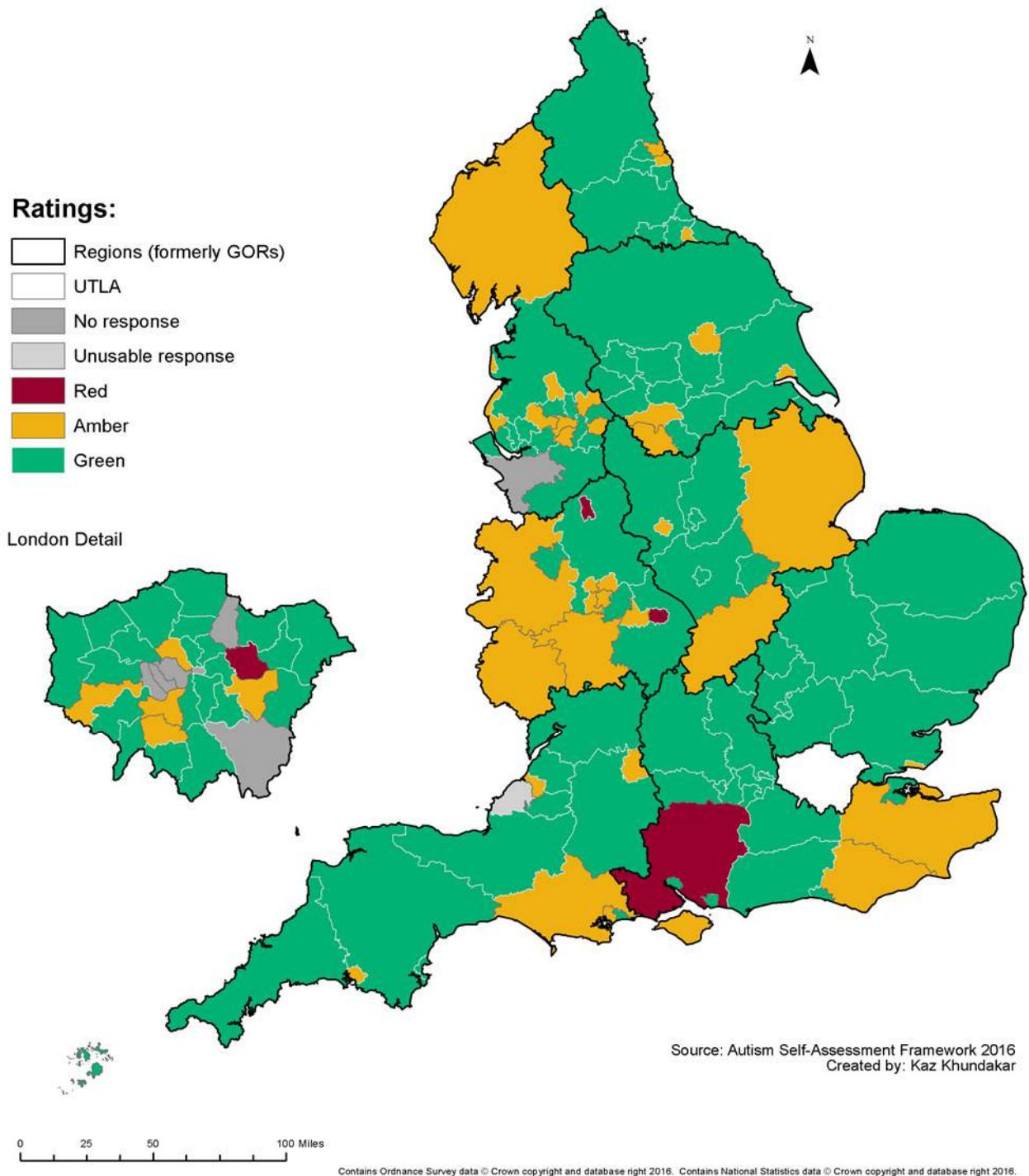
Figure 14: Map showing local authorities' responses to "Is autism included and explicitly considered in the local JSNA?"

Question 6.01: Does your local JSNA specifically consider the needs of children and young people with autism? (This question is identical to 2014)

Response	Local authorities	Local authorities in 2014
Yes	102 (67%)	92 (61%)
No	42 (28%)	55 (36%)
No response	8 (5%)	5 (3%)

Figure 15 and figure 16 show that:
- overall, 67% responded 'yes' and 28% responded 'no'
- regionally, the highest proportions of 'yes' responses were recorded in South East (84%) and East Midlands (78%)
- regionally, the highest proportions of 'no' responses were recorded in West Midlands (50%) and Yorkshire & Humber (40%)
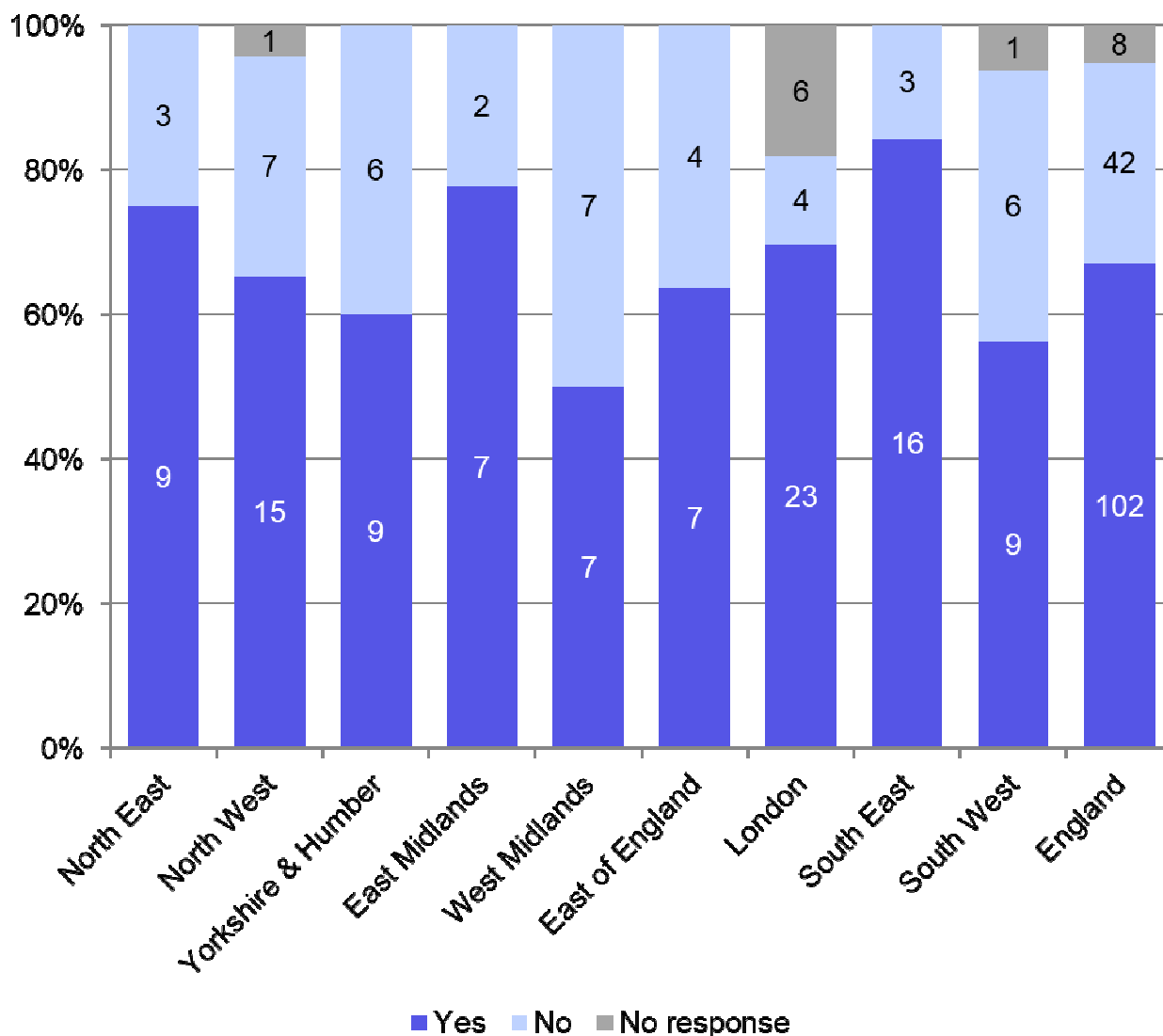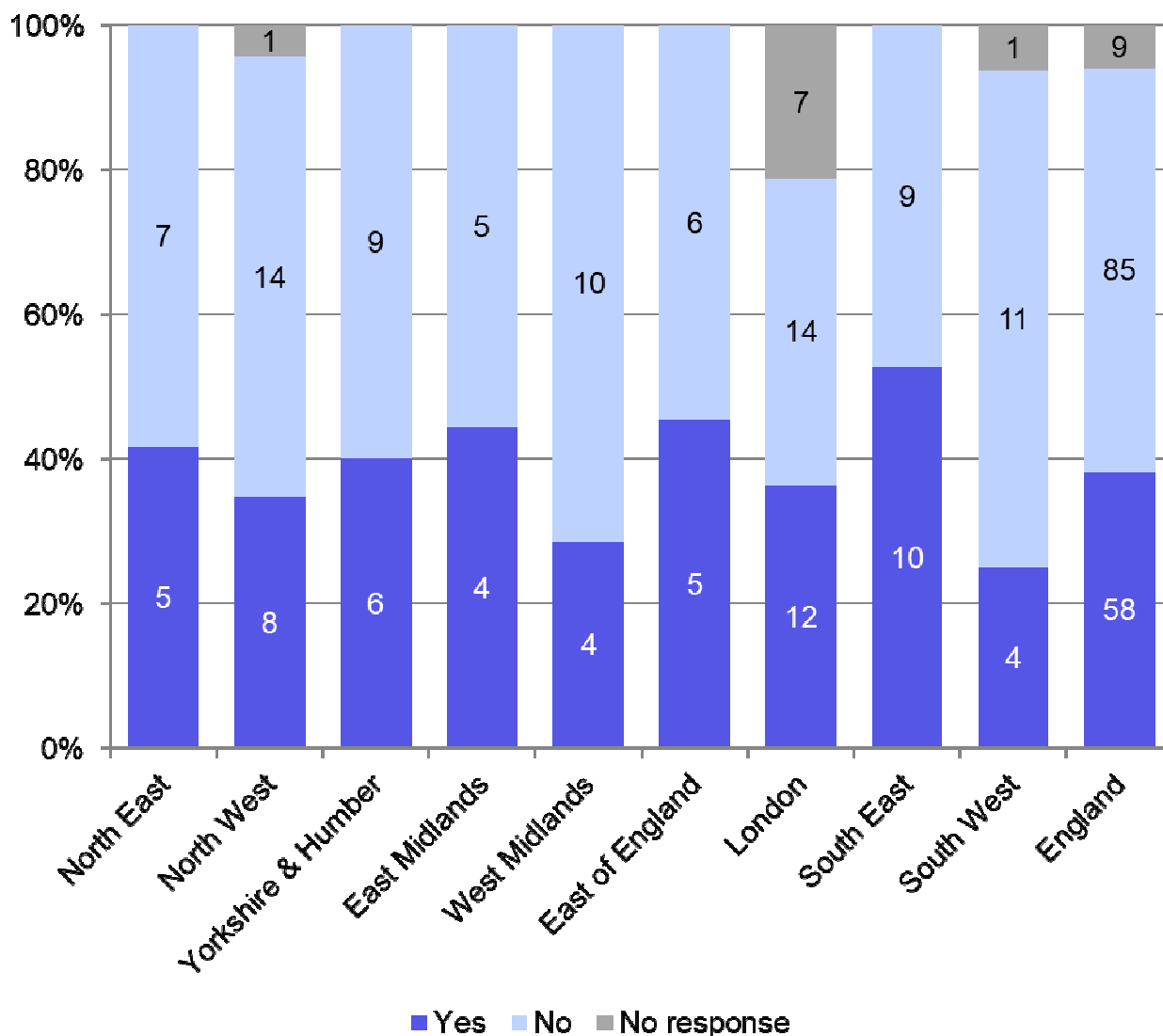
Figure 15: Local authorities' responses by regions to "Does your local JSNA specifically consider the needs of children and young people with autism?"

Ratings:

☐	Regions (formerly GORs)
☐	UTLA
▨	No response
▨	Yes
▨	No

London Detail

Source: Autism Self-Assessment Framework 2016
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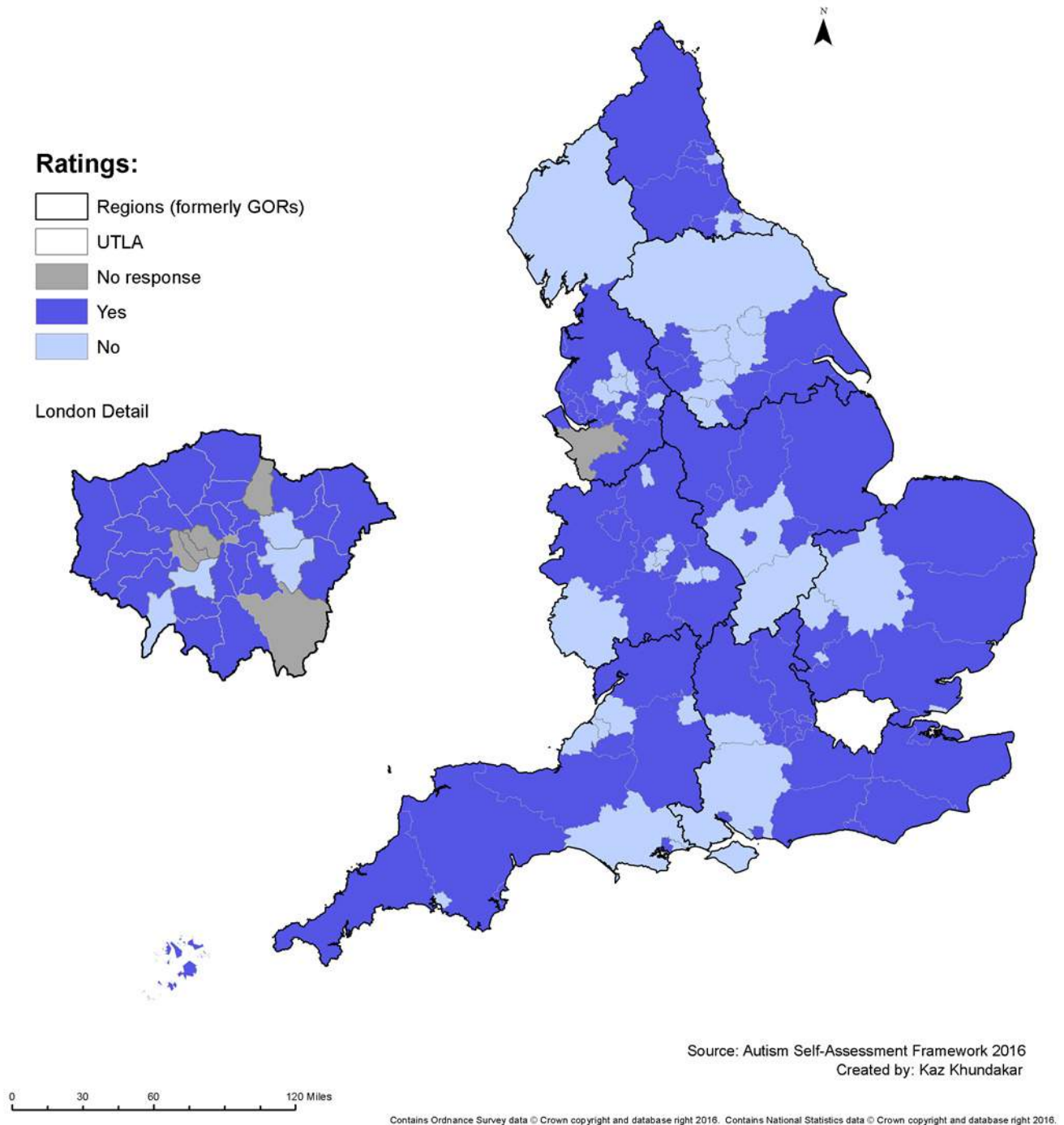
Figure 16: Map showing local authorities' responses to "Does your local JSNA specifically consider the needs of children and young people with autism?"

Question 7: Do you collect data on those people referred to and/or accessing social care and/or health care and does your information system report data on people with a diagnosis of autism, including as a secondary condition, in line with the requirements of the social care framework? (This question is identical to 2014)

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

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

An established data collection and sharing policy inclusive of primary care, health provision, adult social care, schools or local education authority and voluntary sector care providers is in place and used regularly

Response	Local authorities	Local authorities in 2014
Green	19 (13%)	11 (7%)
Amber	116 (76%)	123 (81%)
Red	10 (7%)	14 (9%)
No response	7 (5%)	4 (3%)

Figure 17 and figure 18 show that:
- overall, 13% of boards rated themselves as 'green', 76% rated themselves as 'amber' and 7% rated themselves as 'red'
- regionally, the highest proportions of 'green' ratings were recorded in East Midlands (22%)
- regionally, the highest proportions of 'red' ratings were recorded in West Midlands (29%)
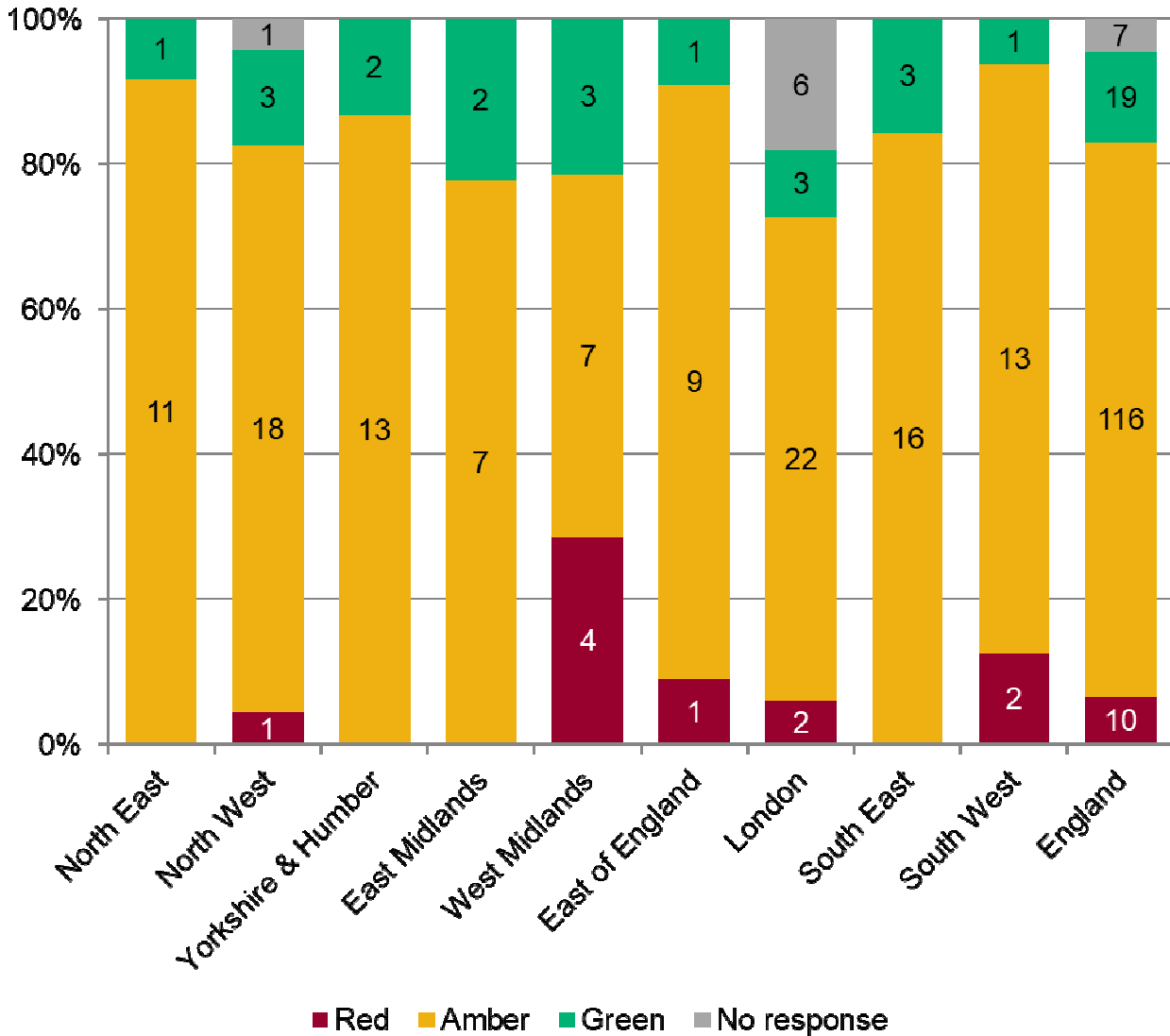
Figure 17: Local authorities' responses by regions to "Do you collect data on those people referred to and/or accessing social care and/or health care and does your information system report data on people with a diagnosis of autism, including as a secondary condition, in line with the requirements of the social care framework?"
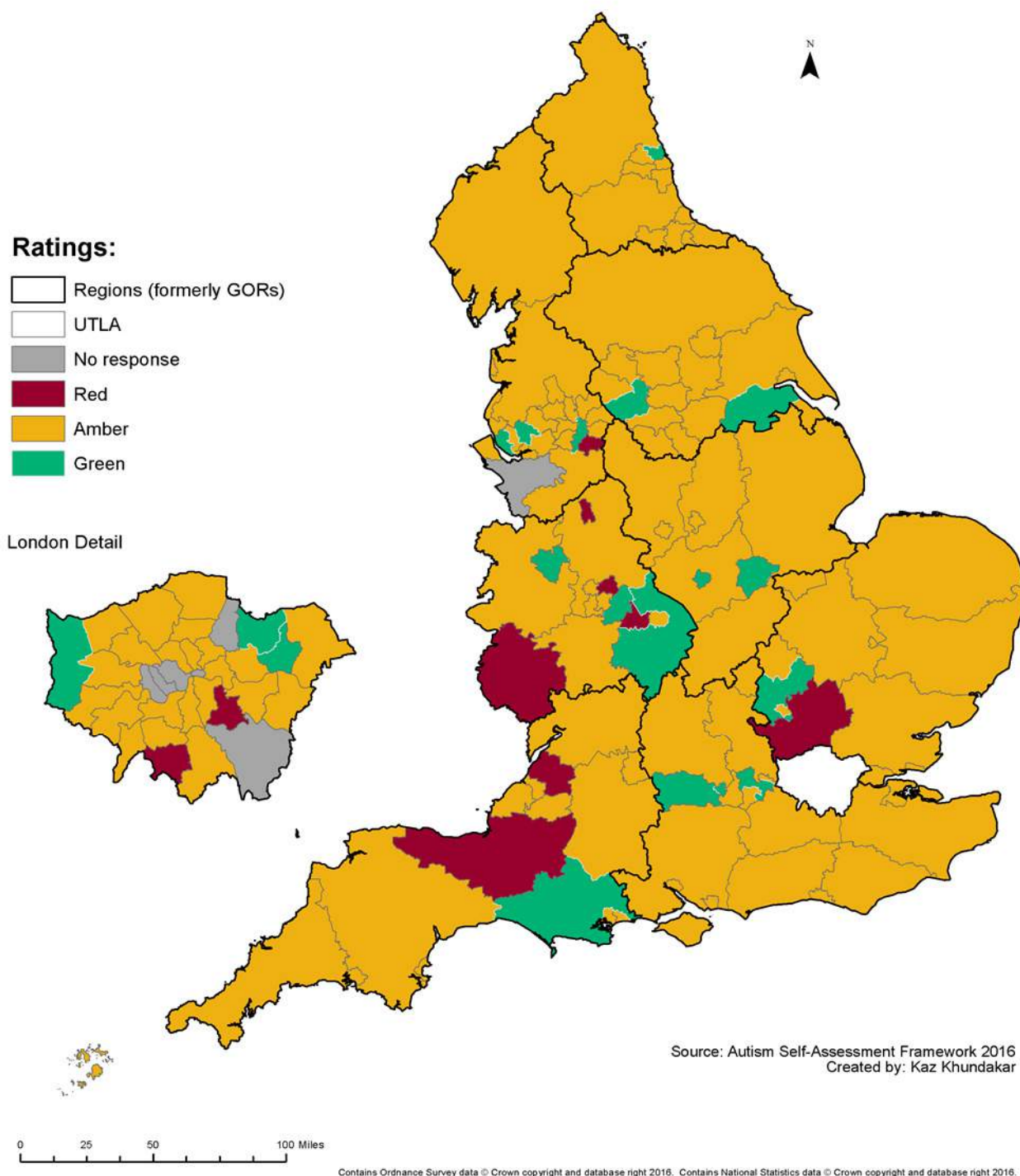
Figure 18: Map showing local authorities' responses to "Do you collect data on those people referred to and/or accessing social care and/or health care and does your information system report data on people with a diagnosis of autism, including as a secondary condition, in line with the requirements of the social care framework?"

Question 7.01: Do you collect data on the total number of people currently known to adult social services with a diagnosis of autism (whether new or long-standing), who meet eligibility criteria for social care (irrespective of whether they receive any)? (This question is identical to 2014)

Response	Local authorities	Local authorities in 2014
Yes	124 (82%)	125 (82%)
No	20 (13%)	23 (15%)
No response	8 (5%)	4 (3%)

Figure 19 and figure 20 show that:
- overall, 82% responded 'yes' and 13% responded 'no'
- regionally, the highest proportions of 'yes' responses were recorded in North East (100%)
- regionally, the highest proportions of 'no' responses were recorded in West Midlands (29%)
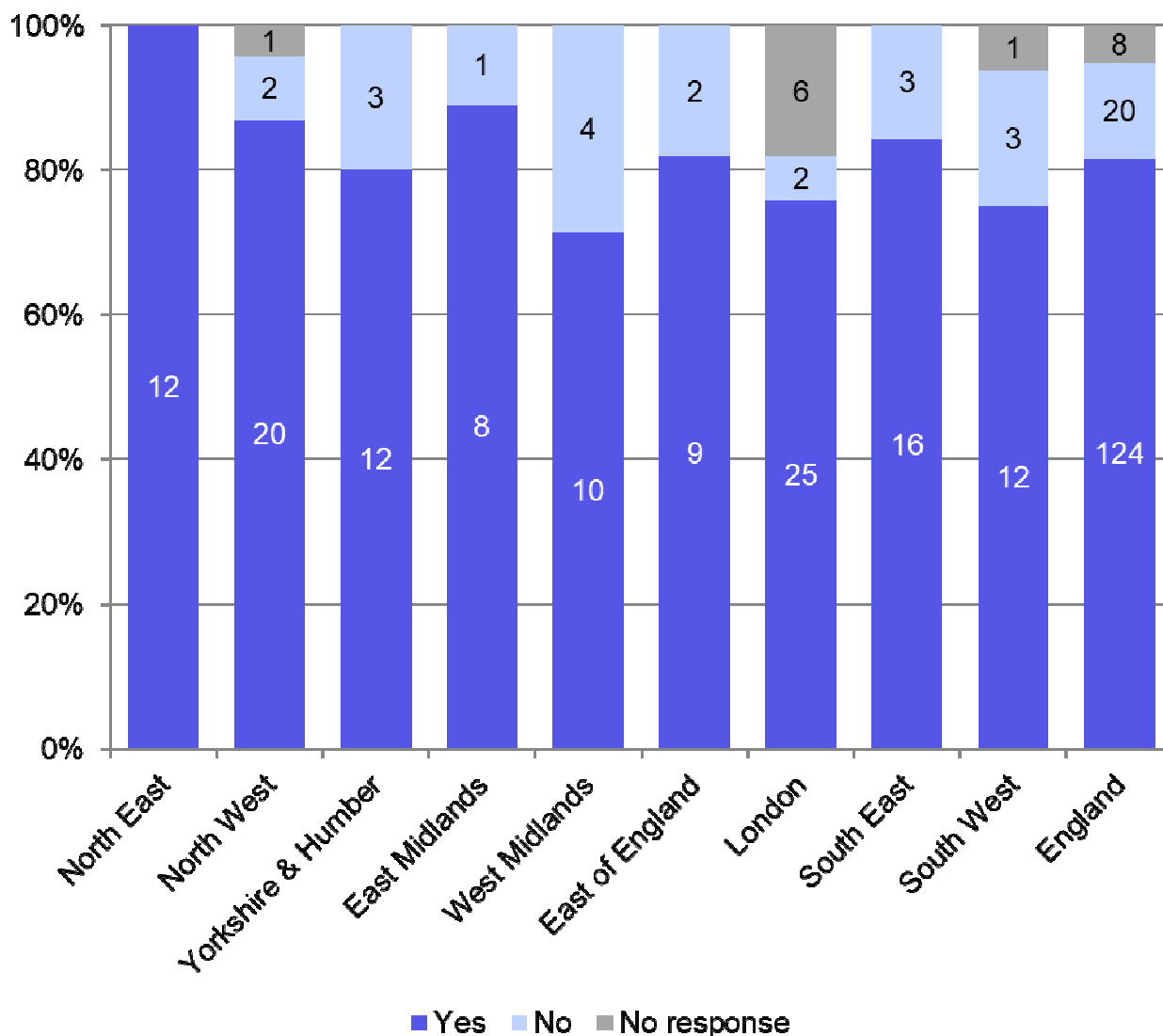
Figure 19: Local authorities' responses by regions to "Do you collect data on the total number of people currently known to adult social services with a diagnosis of autism (whether new or long-standing), who meet eligibility criteria for social care (irrespective of whether they receive any)?"
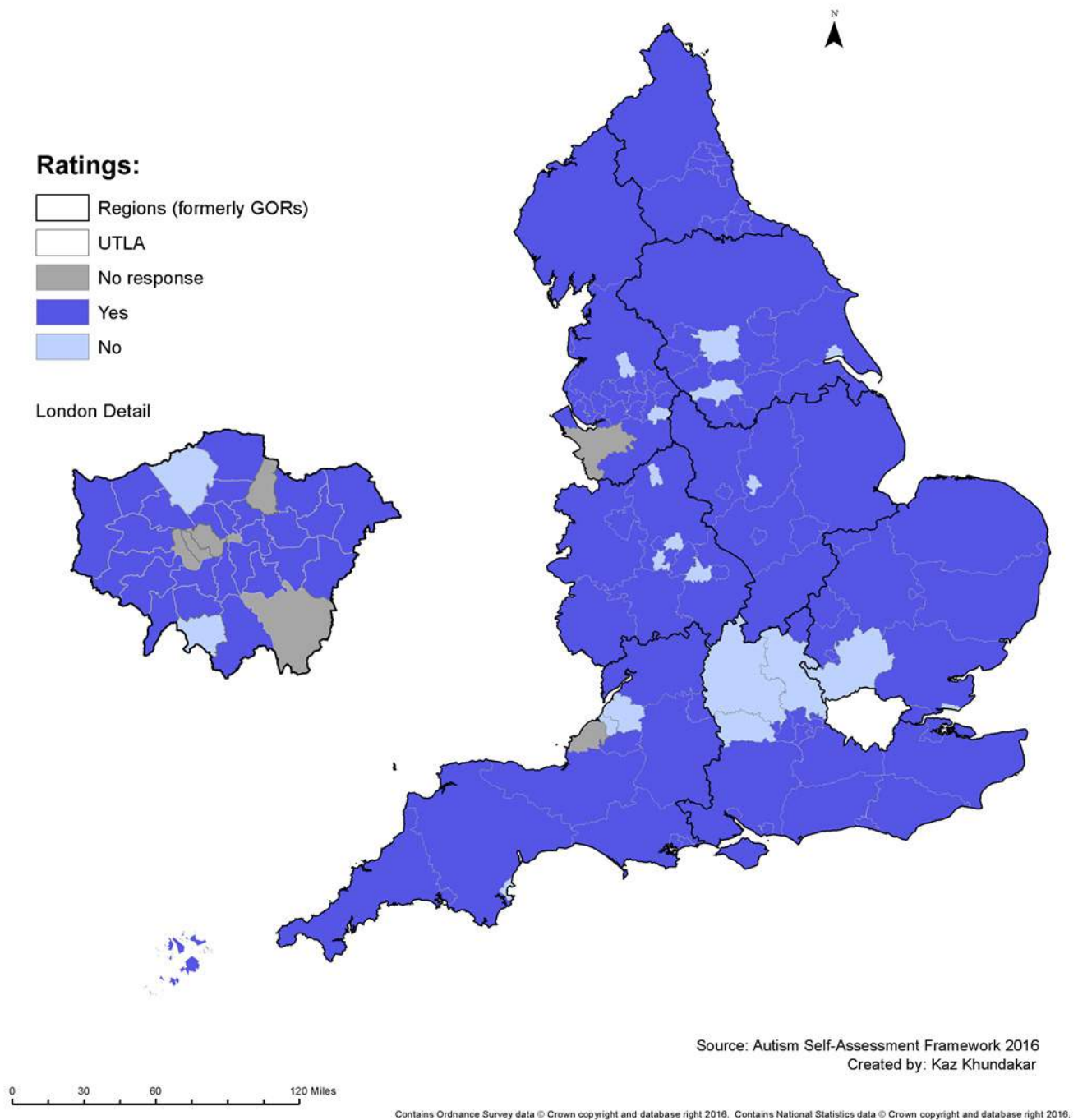
Figure 20: Map showing local authorities' responses to "Do you collect data on the total number of people currently known to adult social services with a diagnosis of autism (whether new or long-standing), who meet eligibility criteria for social care (irrespective of whether they receive any)?"

Question 7.02: How many people assessed as having autism meet social care eligibility criteria? (This question is identical to 2014)

Local authorities were asked for the number of people assessed as having autism, meeting social care eligibility criteria. The responses provided are displayed by region below as rates:

- the median reported rate was 44.1 per 100,000 population
- the North East reported the highest median rate: 57.4 per 100,000 population
- the East of England reported the lowest median rate: 31.4 per 100,000 population
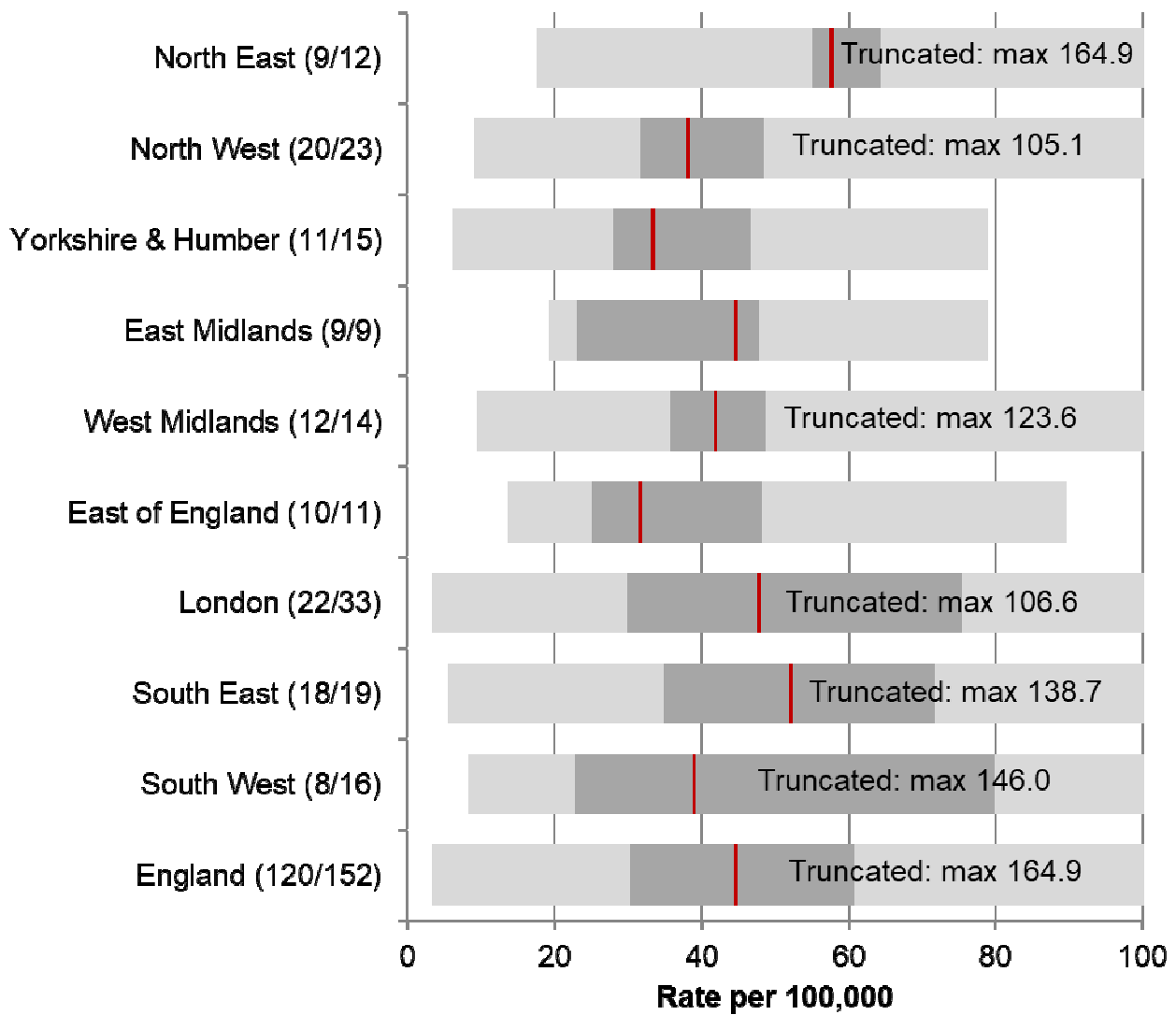
Figure 21: Rates of people with autism meeting social care eligibility criteria

Ratings:

☐	Regions (formerly GORs)
☐	UTLA
▨	No response
▨	Unusable response
▨	Less than 25.7
▨	25.7 to 37.6
▨	37.7 to 47.7
▨	47.8 to 66.9
▨	Greater than 66.9

London Detail

Source: Autism Self-Assessment Framework 2016
Created by: Kaz Khundakar

0   25   50   100 Miles

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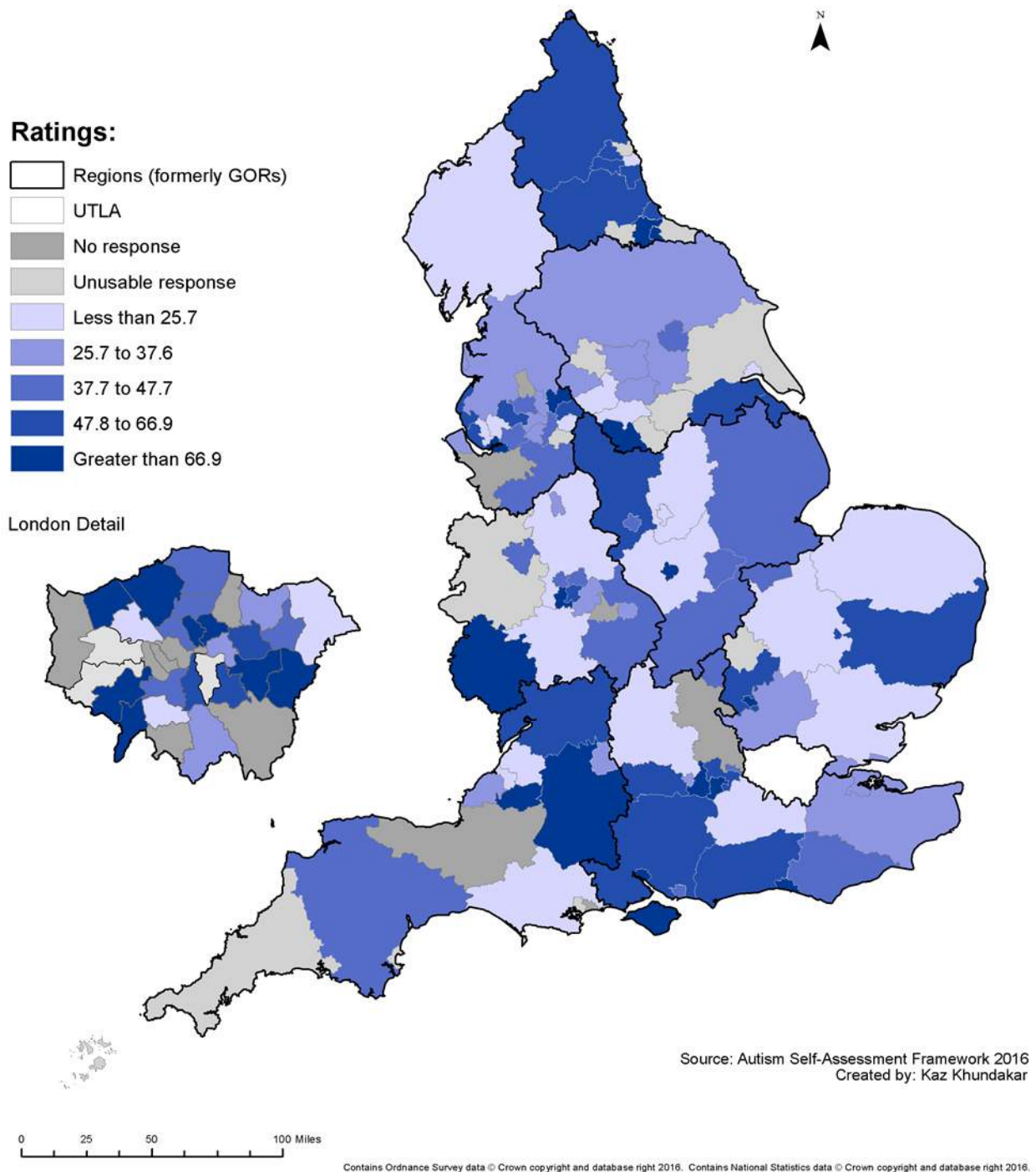
Figure 22: Map showing local authority responses to "How many people assessed as having autism meet social care eligibility criteria?"

Question 7.03: How many people assessed as having autism and learning disabilities meet social care eligibility criteria? (This question is identical to 2014)

The potential for different interpretations of the question became apparent whilst analysing results. The responses for Q7.03 and Q7.04 were intended to be subsets of Q7.02. However, it was clear that some respondents had understood the question differently. For example, some local authorities had reported having more people with autism and learning disabilities compared to those having autism alone. However, for the purposes of calculation and maintaining uniformity, we have excluded such responses from the analysis.

Local authorities were asked for the number of people assessed as having autism and learning disabilities, meeting social care eligibility criteria. The responses provided are displayed by region below as proportions:
- the median reported rate was 80.4%
- the North East reported the highest median rate: 88.2%
- the East of England reported the lowest median rate: 61.4%
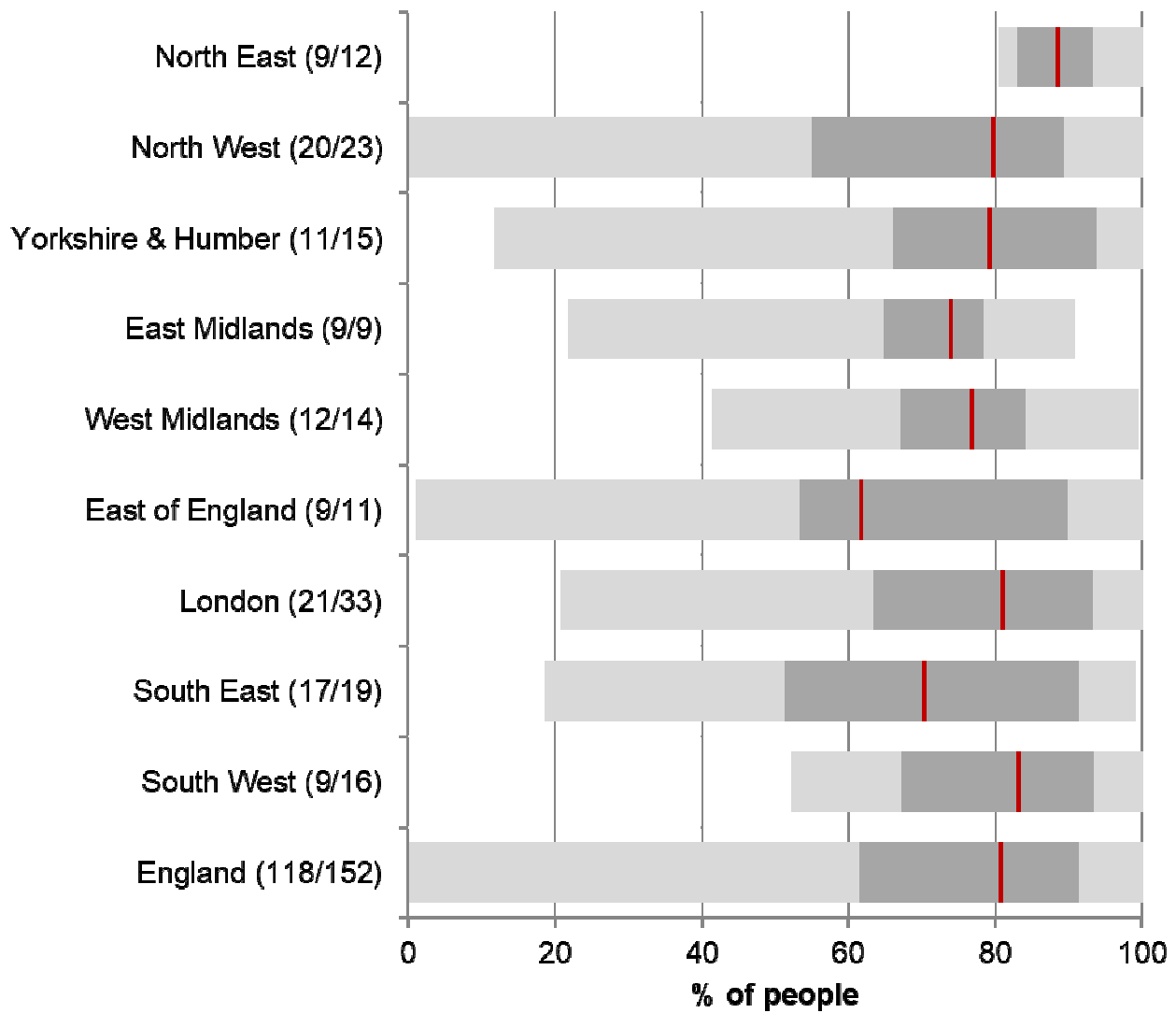
Figure 23: The percentage of people in Q7.02, who have learning disabilities

Ratings:

- Regions (formerly GORs)
- UTLA
- No response
- Unusable response
- less than 53.7%
- 53.7% to 73.6%
- 73.7% to 83.2%
- 83.2% to 92.8%
- Greater than 92.8%

London Detail

Source: Autism Self-Assessment Framework 2016
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0   25   50   100 Miles

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Figure 24: Map showing local authority responses to "How many people assessed as having autism and learning disabilities meet social care eligibility criteria?"

Question 7.04: How many people assessed as having autism, who are also in receipt of treatment for mental health problems, meet social care eligibility criteria? (This question is identical to 2014)

Local authorities were asked for the number of people assessed as having autism and learning disabilities, meeting social care eligibility criteria. The responses provided are displayed by region below as proportions:
- the median reported rate was 4.8%
- the North East reported the highest median rate: 11.8%
- the East of England reported the lowest median rate: 1.4%
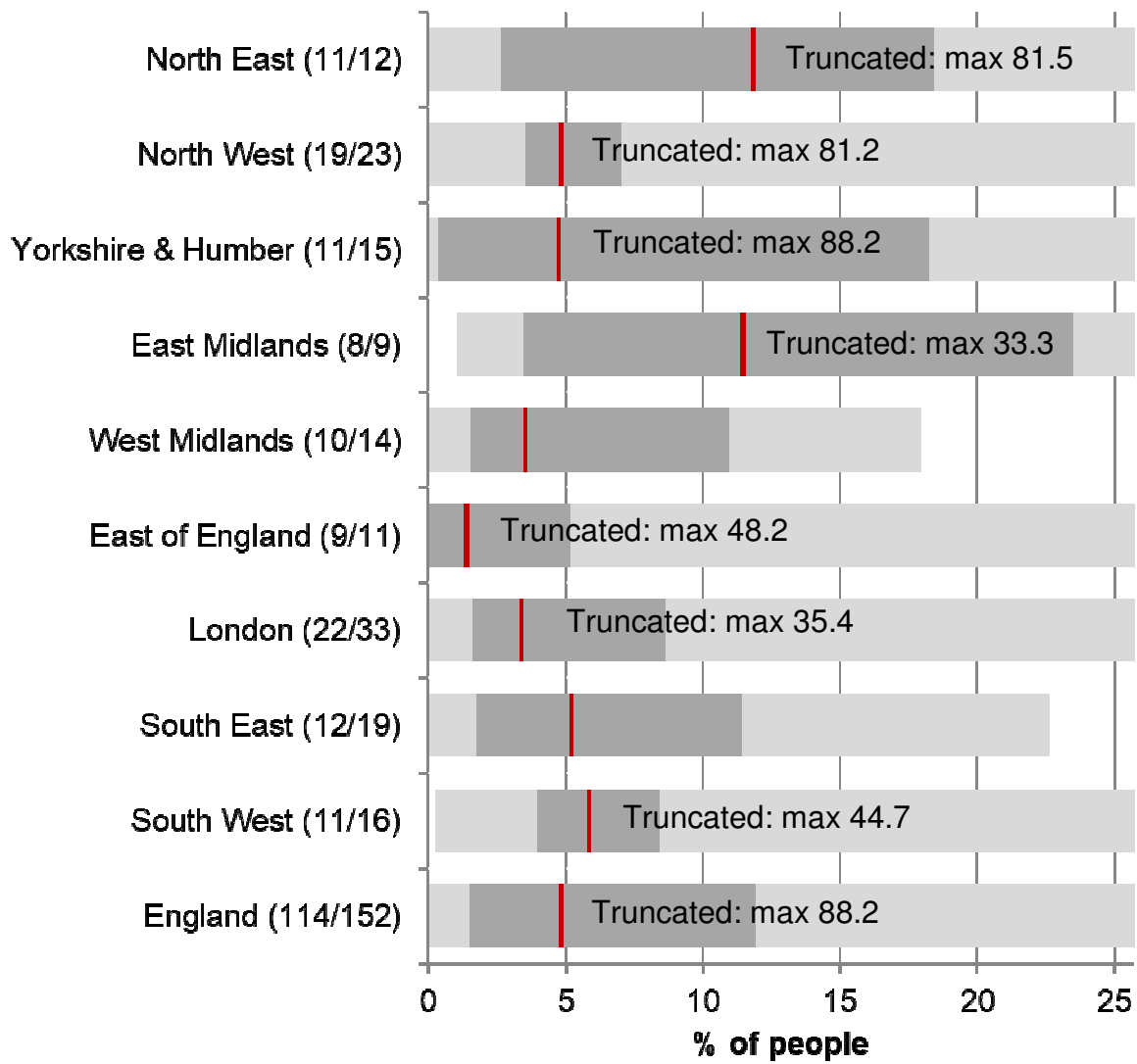
Figure 25: The percentage of people in Q7.02, who have mental health problems

Ratings:

☐	Regions (formerly GORs)
☐	UTLA
■	No response
■	Unusable response
■	Less than 1.2%
■	1.2% to 3.6%
■	3.7% to 5.6%
■	5.7% to 17%
■	Greater than 17%

London Detail

Source: Autism Self-Assessment Framework 2016
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0   25   50   100 Miles

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Figure 26: Map showing local authorities' responses to "How many people assessed as having autism, who are also in receipt of treatment for mental health problems, meet social care eligibility criteria?"

Question 8: Does your Local Joint Strategic Commissioning Plan (or other statement of joint commissioning intentions such as Health & Wellbeing Strategy, Autism Strategy or Market Position Statement etc.,) reflect local data and needs of people with autism? (This question is more precise than 2014)

Response	Local authorities	Local authorities in 2014
Yes	122 (80%)	117 (77%)
No	23 (15%)	29 (19%)
No response	7 (5%)	6 (4%)

Figure 27 and figure 28 show that:
- overall, 80% responded 'yes' and 15% responded 'no'
- regionally, the highest proportions of 'yes' responses were recorded in East of England (100%) and South East (95%)
- regionally, the highest proportions of 'no' responses were recorded in Yorkshire & Humber (33%) and North West (22%)
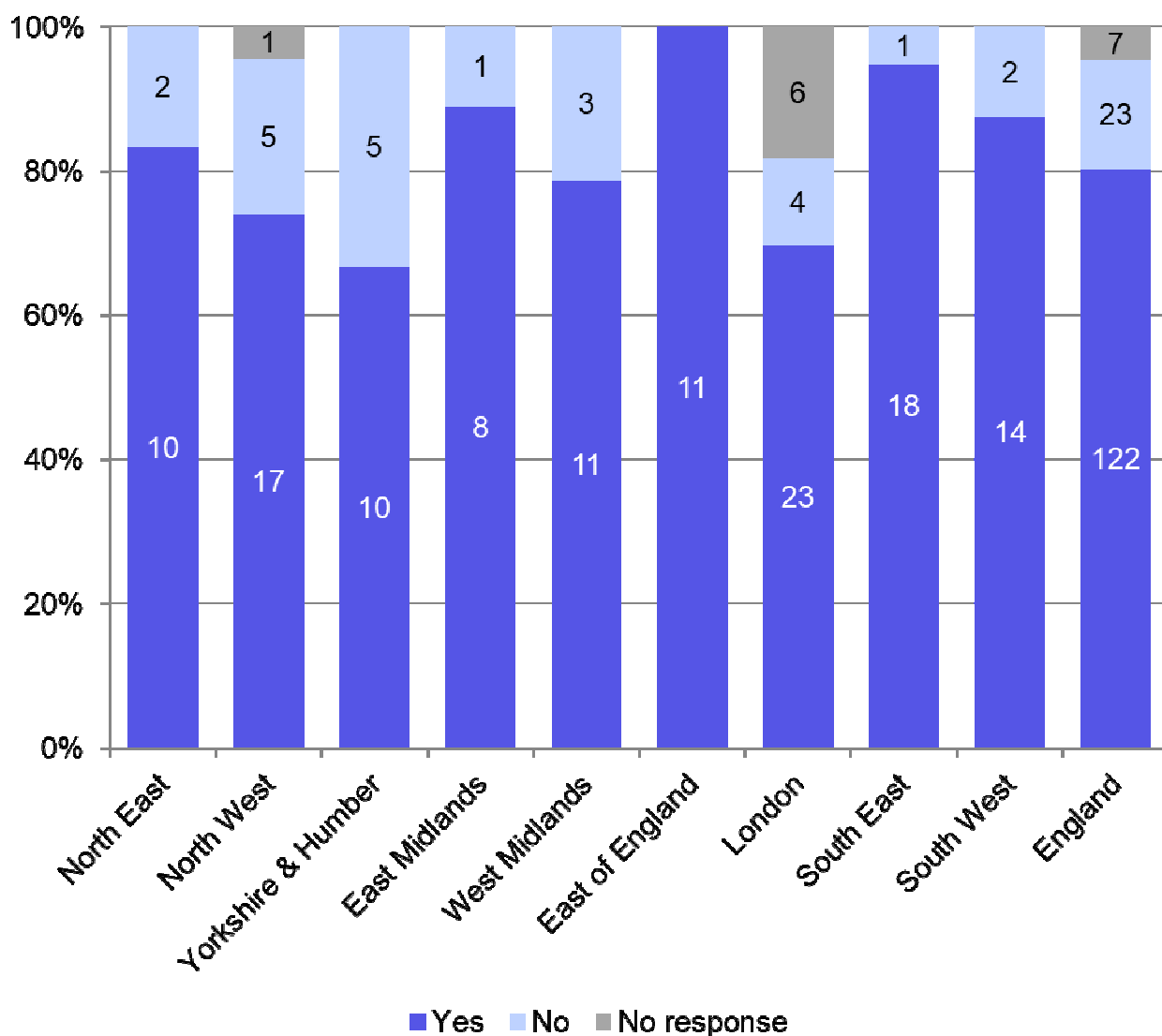
Figure 27: Local authorities' responses by regions to "Does your Local Joint Strategic Commissioning Plan (or other statement of joint commissioning intentions such as Health & Wellbeing Strategy, Autism Strategy or Market Position Statement etc., reflect local data and needs of people with autism?"

Ratings:

- Regions (formerly GORs)
- UTLA
- No response
- Yes
- No

London Detail

Source: Autism Self-Assessment Framework 2016
Created by: Kaz Khundakar

0   30   60   120 Miles

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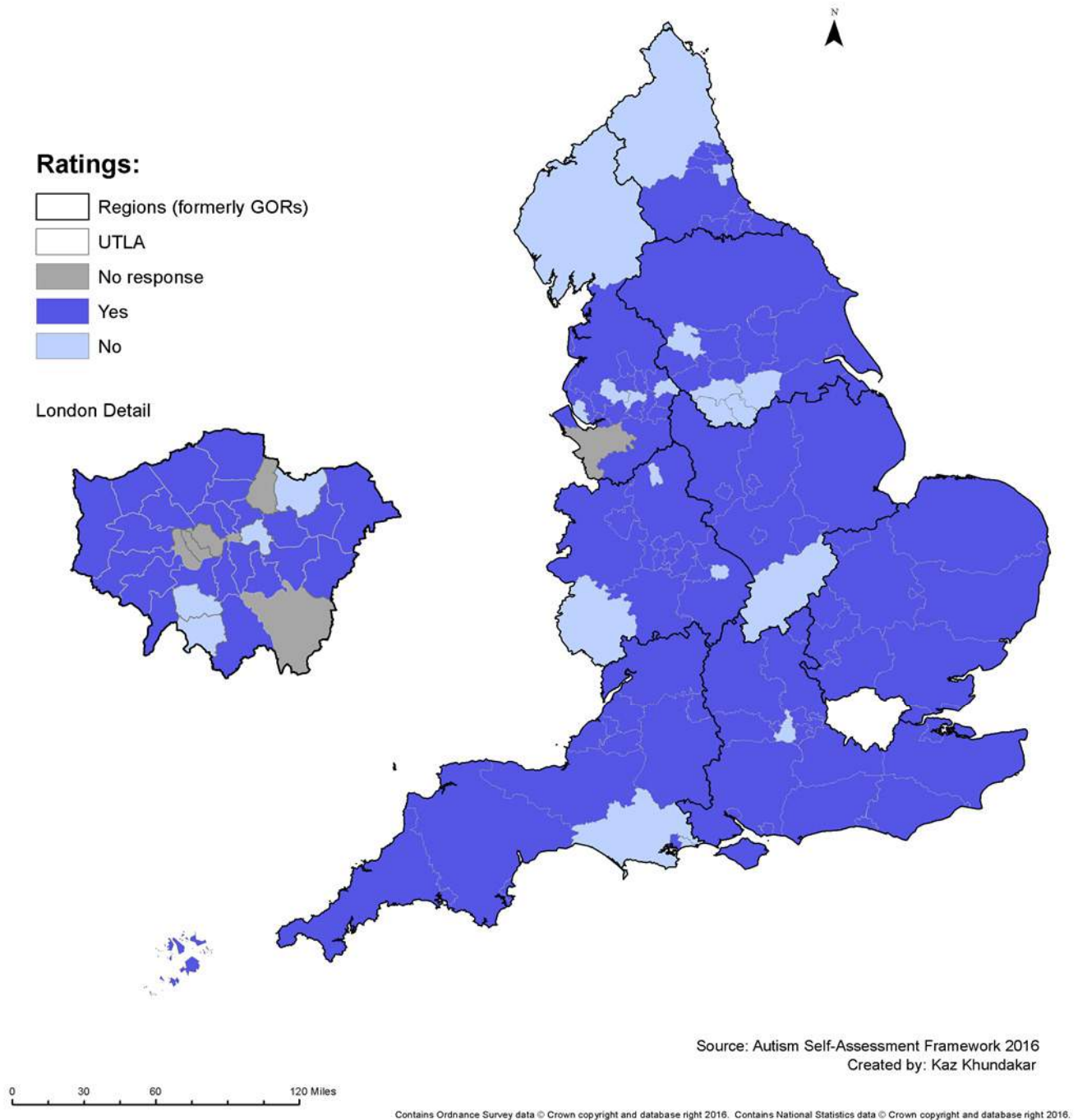
Figure 28: Map showing local authorities' responses to "Does your Local Joint Strategic Commissioning Plan (or other statement of joint commissioning intentions such as Health & Wellbeing Strategy, Autism Strategy or Market Position Statement etc., reflect local data and needs of people with autism?"

Question 8.01: Do you publish any data other than that collected in the JSNA? (This question is new this year)

Response	Local authorities
Yes	58 (38%)
No	85 (56%)
No response	9 (6%)

Figure 29 and figure 30 show that:
- overall, 38% responded 'yes' and 56% responded 'no'
- regionally, the highest proportions of 'yes' responses were recorded in South East (53%) and East of England (45%)
- regionally, the highest proportions of 'no' responses were recorded in West Midlands (71%) and South West (69%)

Figure 29: Local authorities' responses by regions to "Do you publish any data other than that collected in the JSNA?"
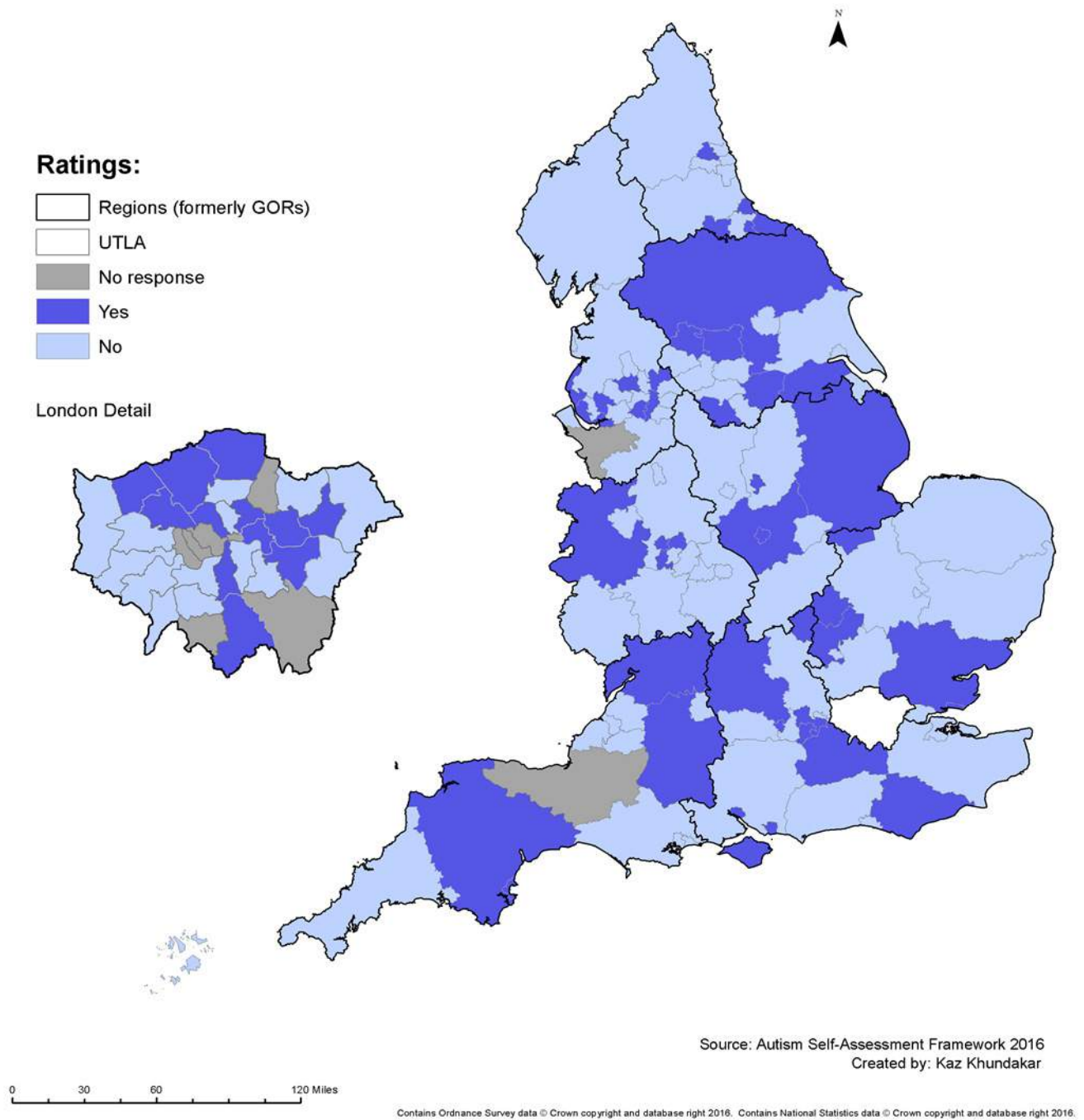
Figure 30 Local authorities' responses to "Do you publish any data other than that collected in the JSNA?"

Question 8.02: Taking together any data in the JSNA and any other sources referenced here, how adequately do current collections of data sources service the requirements of planning and commissioning? (This question is new this year)

	No work underway
	Collection of limited data sources
	Have made a start in collecting data and have plans to progress
	Have started to collect data and whilst not comprehensive, consider this is an accurate reflection
	Information from GPs, schools or the local education authority, voluntary sector, providers, assessments and diagnosis are all collected and compared against the local population prevalence rate

Response	Local authorities
Green	6 (4%)
Amber/ Green	49 (32%)
Amber	65 (43%)
Red/ Amber	20 (13%)
Red	2 (1%)
No response	10 (7%)

Figure 31 and figure 32 show that:
- overall, 4% of boards rated themselves as 'green', 32% rated themselves as 'amber/green', 43% rated themselves as 'amber', 13% rated themselves as 'red/amber' and 1% rated themselves as 'red'
- regionally, the highest proportions of 'green' and 'amber/green' ratings were recorded in East Midlands (78%)
- West Midlands was the only region that had two local authorities rating themselves as 'red'
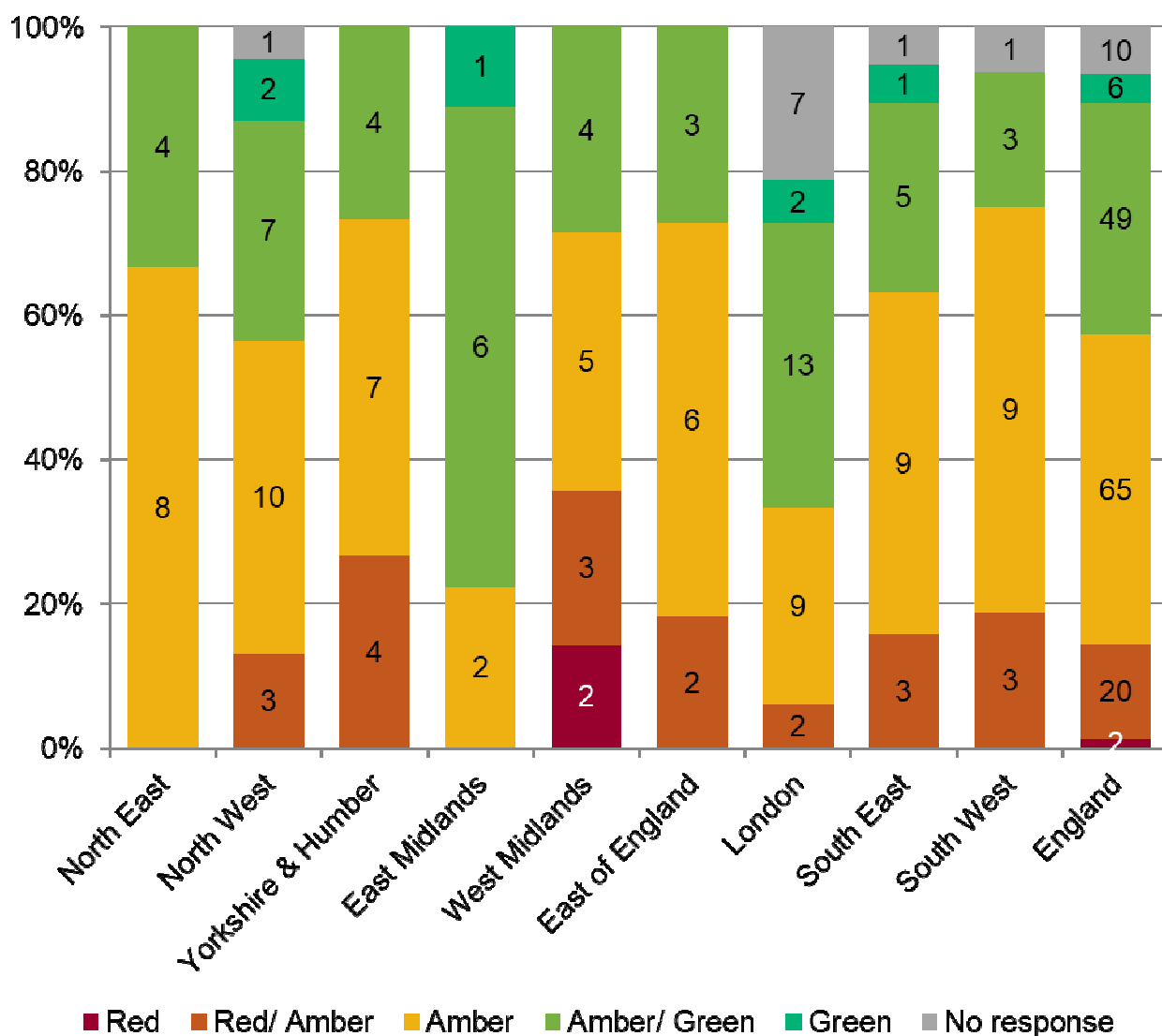
Figure 31: Local authorities' responses by regions to "Taking together any data in the JSNA and any other sources referenced here, how adequately do current collections of data sources service the requirements of planning and commissioning?"
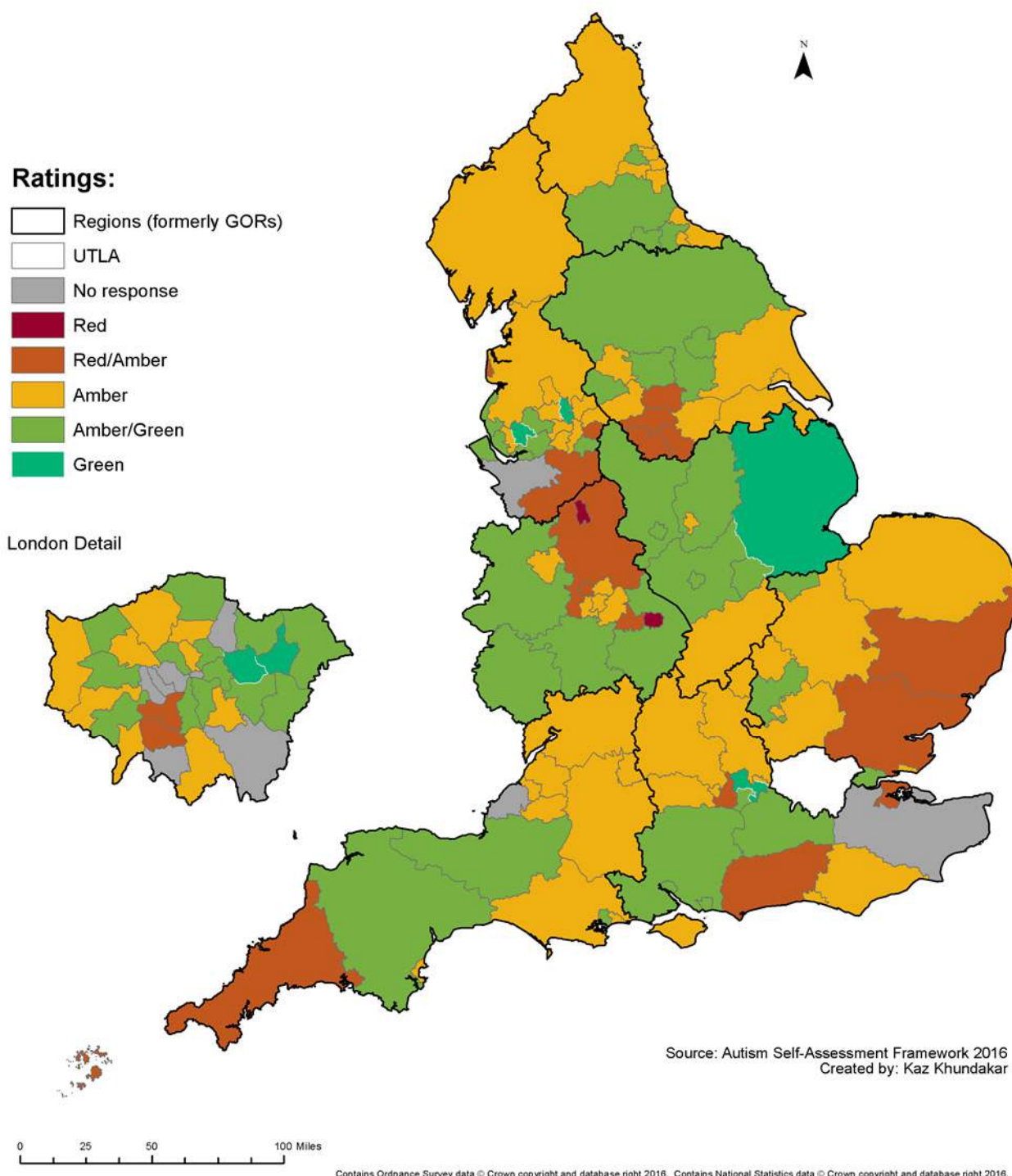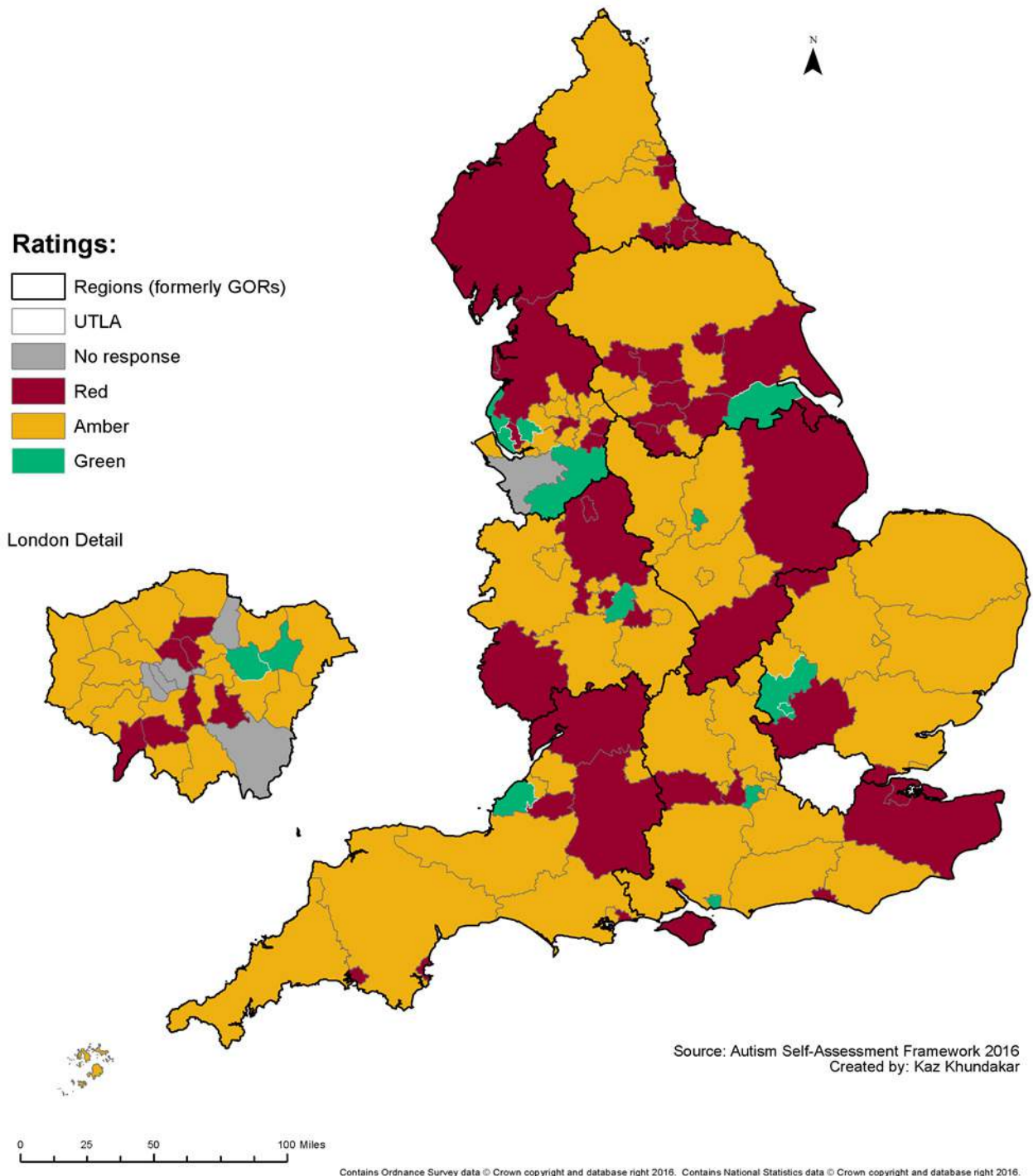
Figure 32: Map showing local authorities' responses to "Taking together any data in the JSNA and any other sources referenced here, how adequately do current collections of data sources service the requirements of planning and commissioning?"

Question 9: Are your Local Authority and local Clinical Commissioning Group(s) (including the support service) both engaged in the planning and implementation of the strategy in your local area? (This question is identical to 2013 and 2014)

None or minimal engagement between the LA and CCG(s) in planning and implementation

Representative(s) from CCG(s) and/or the support service sits on autism partnership board or alternative and are in regular liaison with the LA about planning and implementation

CCG(s) are fully engaged and work collaboratively to implement the NHS responsibilities of the strategy and are equal partners in the implementation of the strategy at a local level

Response	Local authorities	Local authorities in 2014	Local authorities in 2013
Green	90 (59%)	90 (59%)	91 (60%)
Amber	51 (34%)	55 (36%)	52 (34%)
Red	4 (3%)	3 (2%)	8 (5%)
No response	7 (5%)	4 (3%)	1 (1%)

Figure 33 and figure 34 show that:
- overall, 59% of boards rated themselves as 'green', 34% rated themselves as 'amber' and 3% rated themselves as 'red'
- regionally, the highest proportions of 'green' ratings were recorded in South West (81%) and East Midlands (78%)
- North West, West Midlands, East of England and London had one authority each rating themselves as 'red'
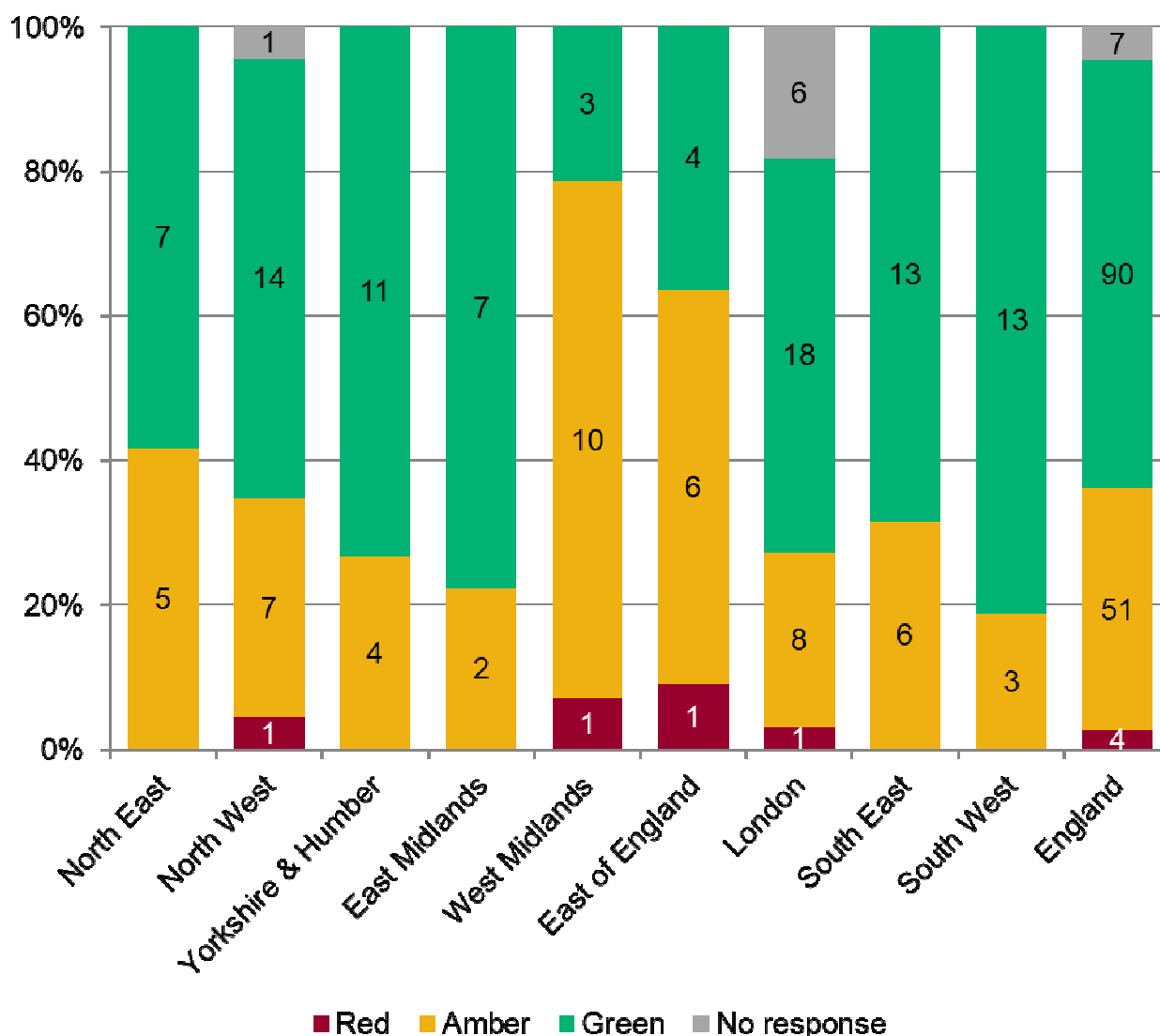
Figure 33: Local authorities' responses by regions to "Are your local authority and local Clinical Commissioning Group(s) (including the support service) both engaged in the planning and implementation of the strategy in your local area?
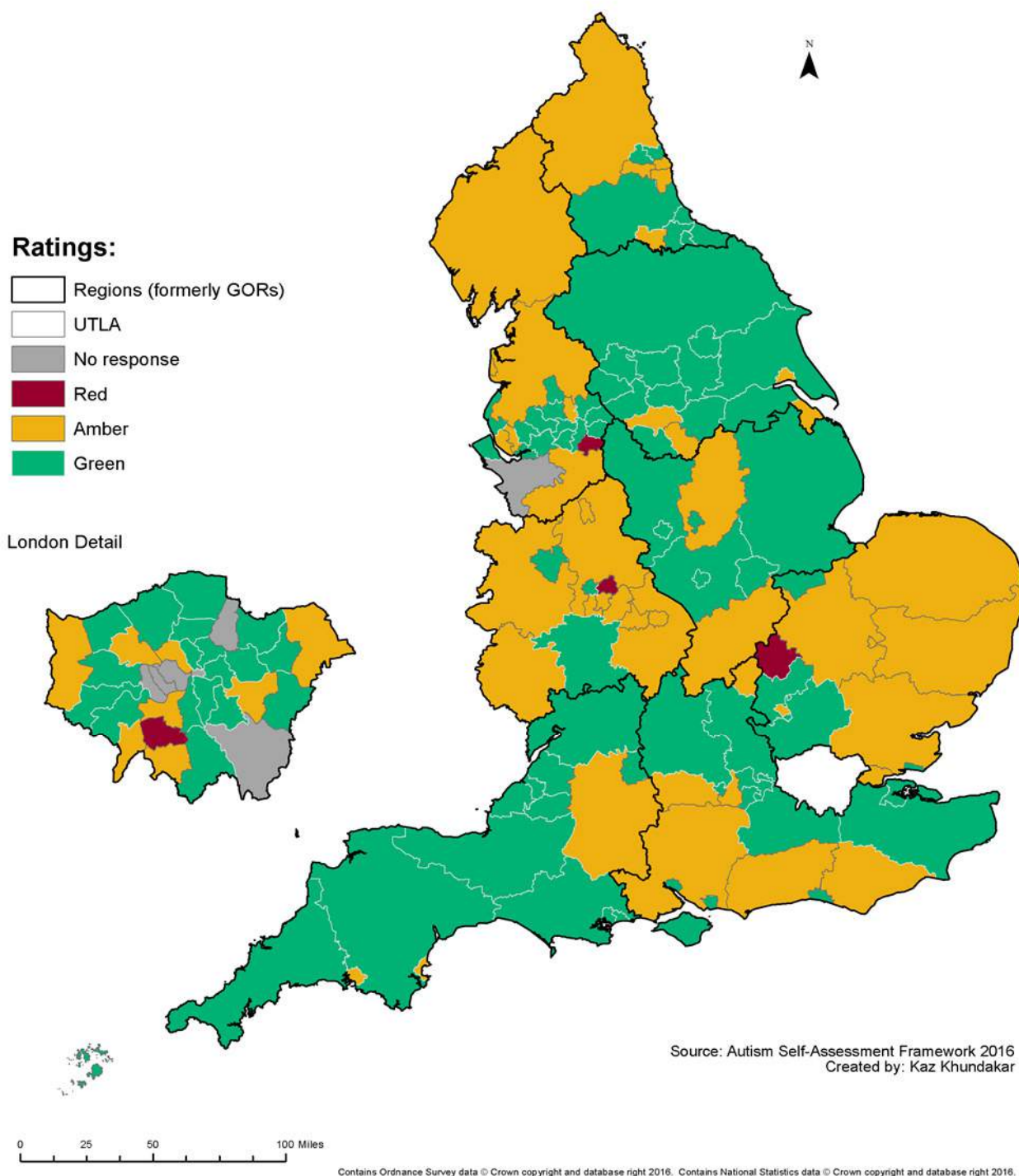
Figure 34: Map showing local authorities' responses to "Are your local authority and local Clinical Commissioning Group(s) (including the support service) both engaged in the planning and implementation of the strategy in your local area?

Question 9.01: Do you have a local Autism Programme Board or equivalent in place which meets at least once a year and includes representatives of at least Adult Social Care and the Clinical Commissioning Group(s)? (This question is new this year)

Response	Local authorities
Yes	130 (86%)
No	14 (9%)
No response	8 (5%)

Figure 35 and figure 36 show that:
- overall, 86% responded 'yes' and 9% responded 'no'
- regionally, the highest proportions of 'yes' responses were recorded in North East (100%) and South West (100%)
- regionally, the highest proportions of 'no' responses were recorded in West Midlands (29%) and East of England (27%)
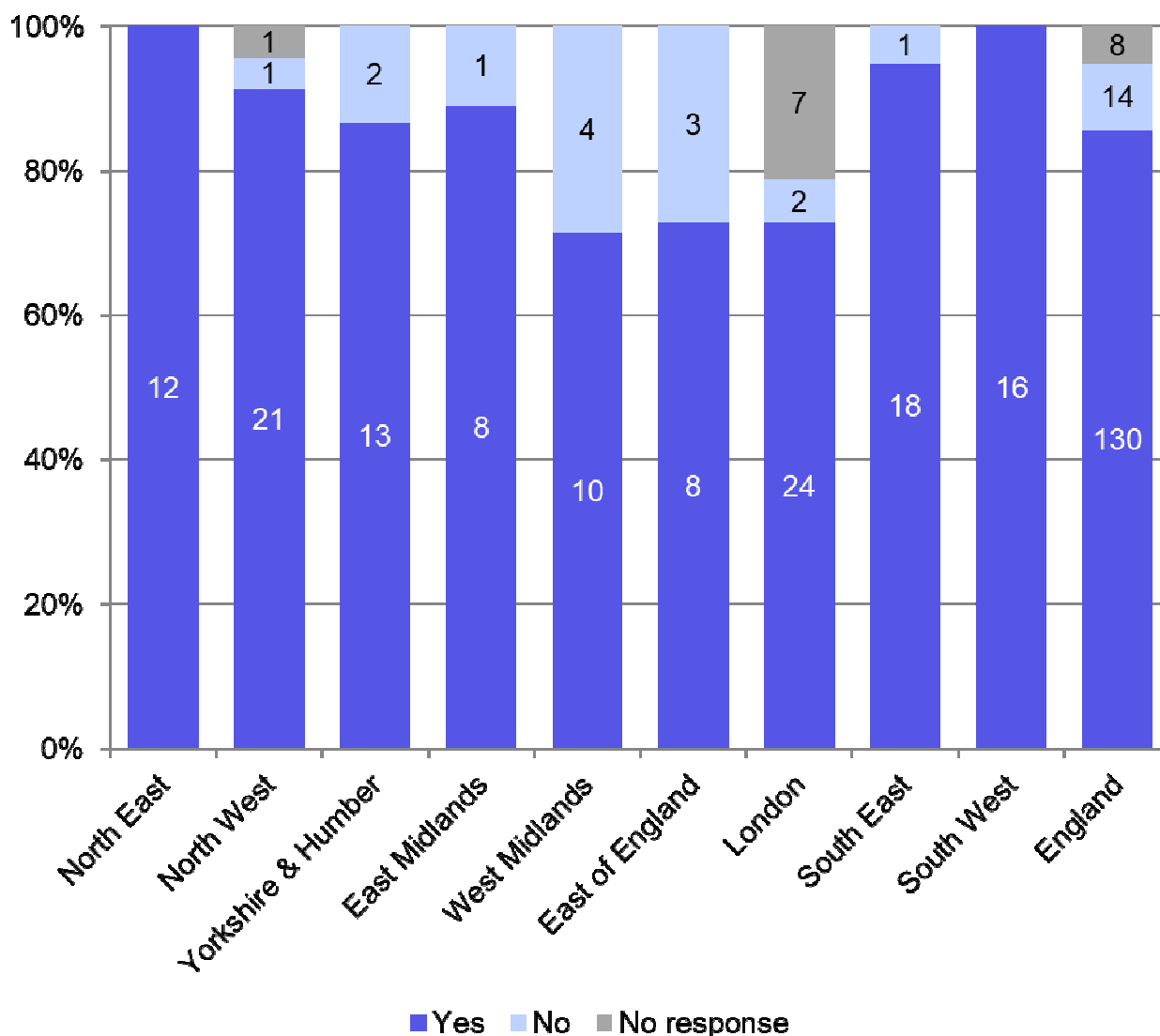
Figure 35: Local authorities' responses by regions to "Do you have a local Autism Programme Board or equivalent in place which meets at least once a year and includes representatives of at least Adult Social Care and the Clinical Commissioning Group(s)?"

Ratings:

☐	Regions (formerly GORs)
☐	UTLA
▨	No response
▨	Yes
▨	No

London Detail

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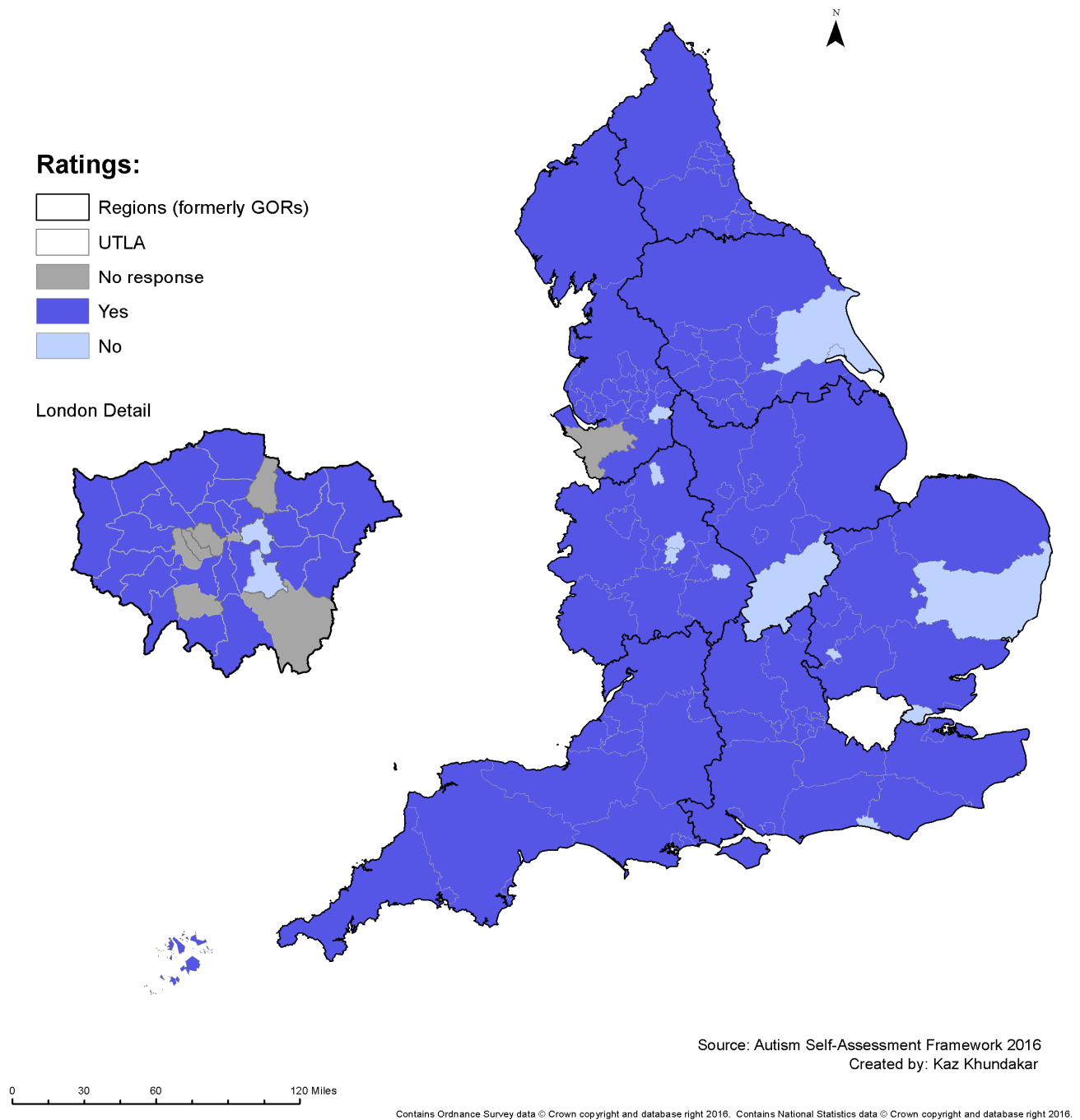
Figure 36: Map showing local authorities' responses to "Do you have a local Autism Programme Board or equivalent in place which meets at least once a year and includes representatives of at least Adult Social Care and the Clinical Commissioning Group(s)?"

Question 10: How have you and your partners engaged people with autism and their families and carers in planning? (This question is identical to 2013 and 2014)

Minimal autism engagement work has taken place

Some autism specific consultation work has taken place. Autism Partnership Group is regularly attended by one person with autism and one parent/carer who are meaningfully involved

A variety of mechanisms are being used so a cross section of people on the autistic spectrum are meaningfully engaged in the planning and implementation of the Adult Autism Strategy. People with autism are thoroughly involved in the Autism Partnership Group

Response	Local authorities	Local authorities in 2014	Local authorities in 2013
Green	73 (48%)	59 (39%)	83 (55%)
Amber	59 (39%)	81 (53%)	61 (40%)
Red	12 (8%)	8 (5%)	7 (5%)
No response	8 (5%)	4 (3%)	1 (1%)

Figure 37 and figure 38 show that:
- overall, 48% of boards rated themselves as 'green', 39% rated themselves as 'amber' and 8% rated themselves as 'red'
- regionally, the highest proportions of 'green' ratings were recorded in East Midlands (78%) and South West (69%)
- regionally, the highest proportions of 'red' ratings were recorded in West Midlands (21%) and North East (17%)
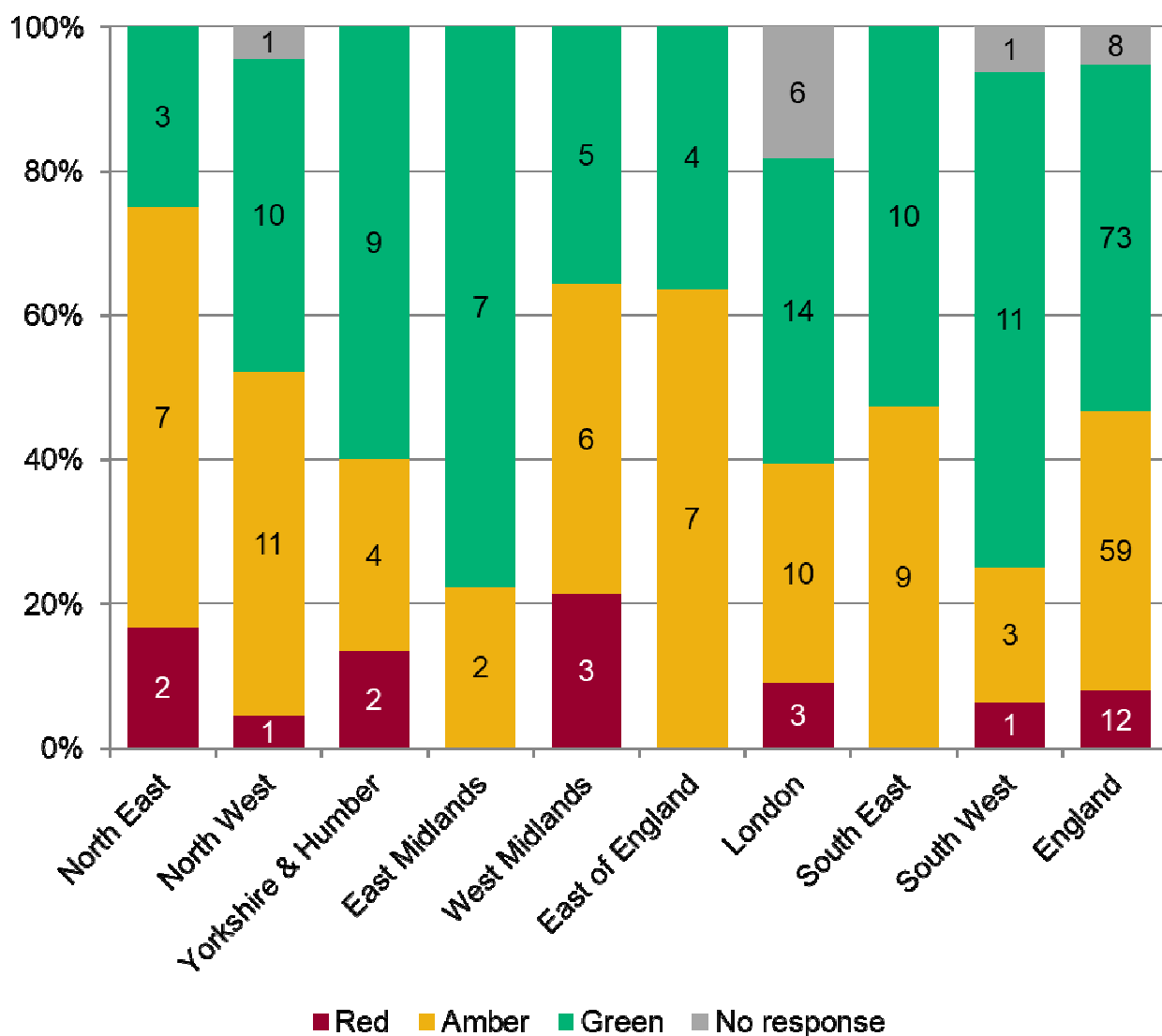
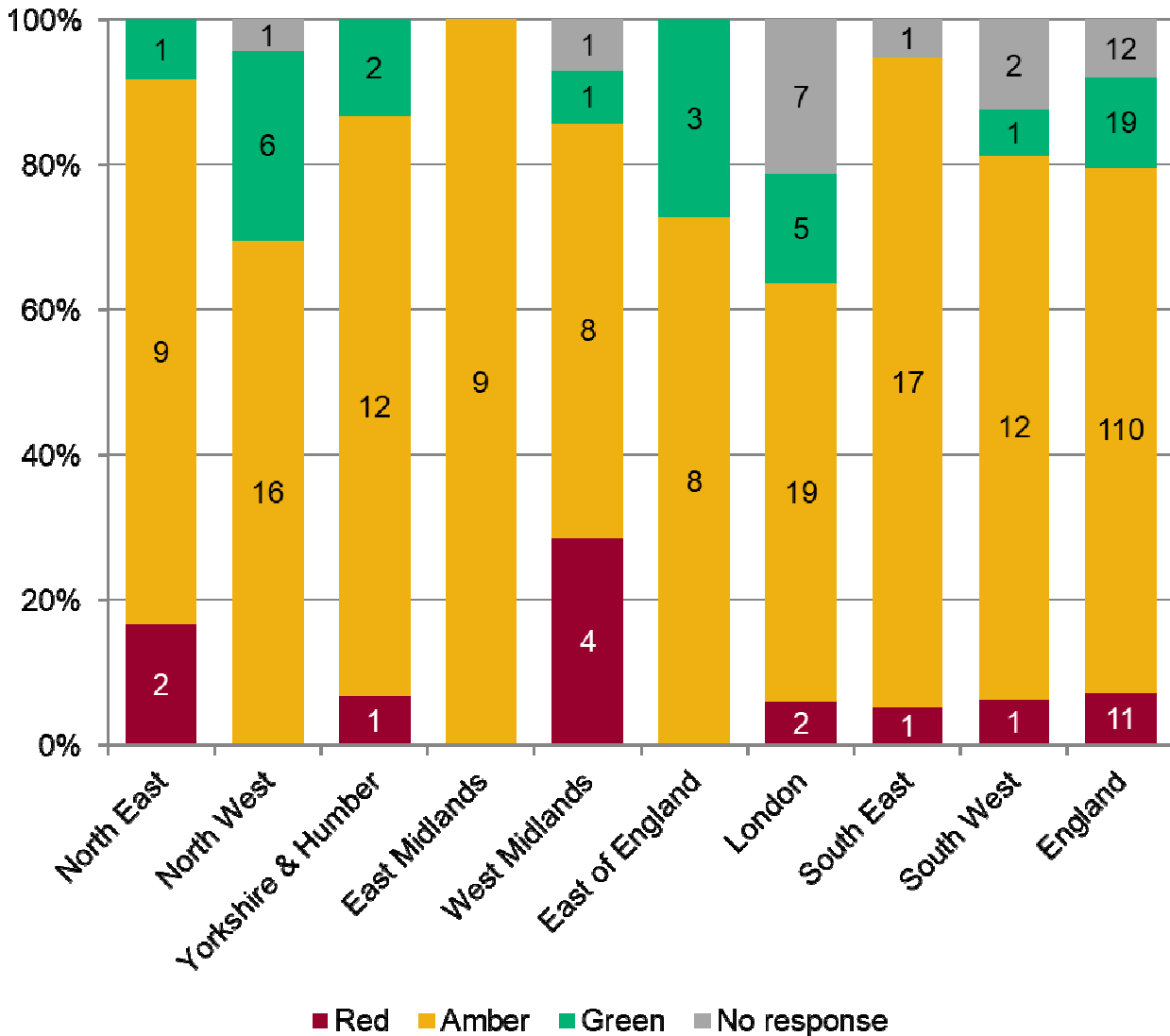**Figure 37: Local authorities' responses by regions to "How have you and your partners engaged people with autism and their families and carers in planning?"**
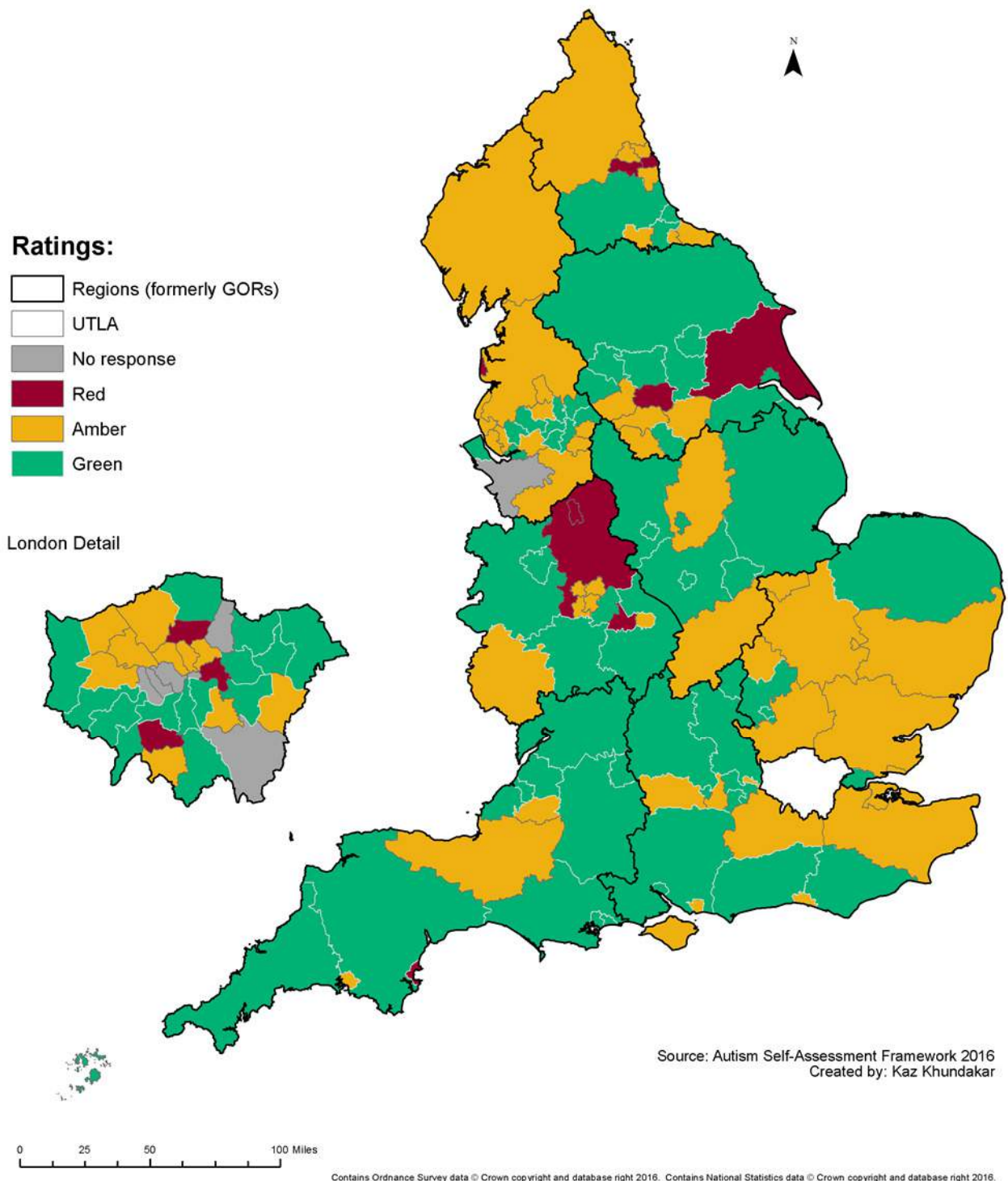
Figure 38: Map showing local authorities' responses to "How have you and your partners engaged people with autism and their families and carers in planning?"

Thematic analysis

One hundred and forty-five localities provided a rating, with 140 localities providing a comment. The self-rated assessment indicators for this question were:

- 12 self-rated red (10 with comments)
- 59 self-rated amber (59 with comments)
- 74 self-rated green (71 with comments)

One hundred and seven responses (3 self-rated red, 43 self-rated amber and 61 self-rated green) highlighted that engagement with people with autism, families and carers took place through their autism partnership board or equivalent. Partnership boards were not necessarily called partnership boards but were coded as such if they fulfilled an equivalent role.

Engagement with people with autism, families and carers through strategic planning was noted by 57 areas (21 self-rated amber, 36 self-rated green). Examples of this included work towards local autism plans, or local changes in provision.

> Amber: County of Herefordshire: "We have an active involvement in the work of our Board by people with Autism and their carers. Our chair is herself autistic and cares for an autistic son. An example of our member's involvement is the work we have done in engaging with GPs. Our members actively engaged in the planning and delivery of a presentation to GPs on autism awareness. This has been followed up by a series of training events - delivered by Board members - which have taken place in GP surgeries to raise awareness and to consider reasonable adjustments that can be enacted to make the surgeries more autism friendly."

Forty localities (2 self-rated red, 19 self-rated amber, 19 self-rated green) stated that they consulted with people with autism, families and carers through events. These ranged from smaller focus groups or workshops, through to one off annual events aimed at promoting services or highlighting autism awareness.

> Amber: Medway: "Medway has a well-established Learning Disabilities Partnership Board which meets quarterly and in light of Transforming Care, consideration is being given to expanding the remit of this Board to include Autism and Behaviours that Challenge. Medway also provides support to and liaises closely with the Medway Parent Carer Forum, which includes parents and carers of children that have an ASD diagnosis. The Forum now has a bi-monthly meeting with commissioning leads chaired by the Assistant Director to discuss forthcoming work and the potential impact it may have."

Advocacy groups or support groups were noted as being a means of consultation by 31 localities (1 self-rated red, 1 self-rated amber, 29 self-rated green). Some authorities noted that the groups were provided with funding by the area but others mentioned only that they were a means of liaising with people with autism. Similarly 25 areas (1 self-rated red, 6 self-

rated amber, 18 self-rated green) highlighted carer support groups as a means of engaging with carers and families.

Other means of communication were noted by 31 areas. These included email, Facebook, surveys, or questionnaires. It was noted that some people with autism have difficulty communicating in person at events or partnership board meetings. Some may find email or Facebook an easier way to engage. Seven areas (1 self-rated red, 5 self-rated amber, 1 self-rated green) noted that they found it hard to engage with people with autism without learning disabilities.

Green: Brent: "As well as having the formal partnership meeting we have piloted webcasting meetings to enable those who would not feel comfortable in the formal environment of the meeting. All meetings have included at least two or more family carers though few people with autism has attended and is a matter that is being considered as requiring improvement, all the partners recognise that full consultation and involvement on issues requires also meeting people with autism and families in more informal settings."

Initiatives that were in the planning stages or in early stages of development were noted by 24 areas (7 self-rated red, 9 self-rated amber, 8 self-rated green).

Question 11: Have reasonable adjustments been made to general council services to improve access and support for people with autism? (This question is identical to 2014)

[red box]	Only anecdotal examples
[amber box]	There is a clear council policy covering reasonable adjustments to statutory and other wider public services which make specific reference to autism
[green box]	Clear council policy as in amber and evidence of widespread implementation in relation to needs of people with autism
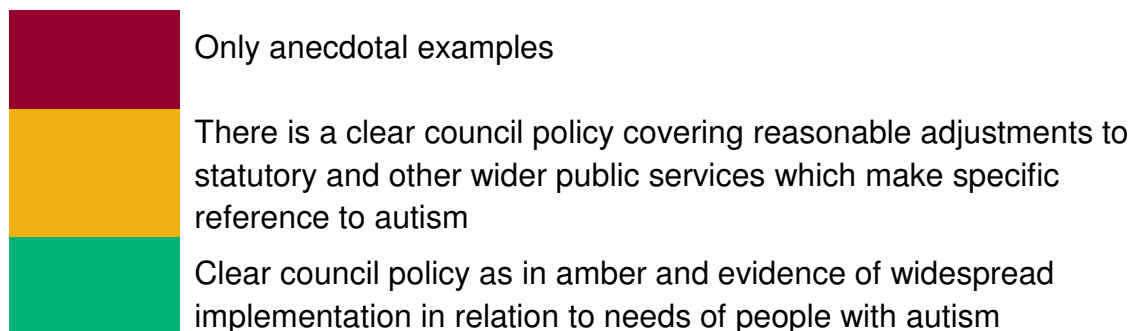
Response	Local authorities	Local authorities in 2014
Green	13 (9%)	12 (8%)
Amber	78 (51%)	81 (53%)
Red	53 (35%)	55 (36%)
No response	8 (5%)	4 (3%)

Figure 39 and figure 40 show that:
- overall, 9% of boards rated themselves as 'green', 51% rated themselves as 'amber' and 35% rated themselves as 'red'
- regionally, the highest proportions of 'green' ratings were recorded in East of England (18%) and North West (17%)
- regionally, the highest proportions of 'red' ratings were recorded in Yorkshire & Humber (60%) and North East (58%)
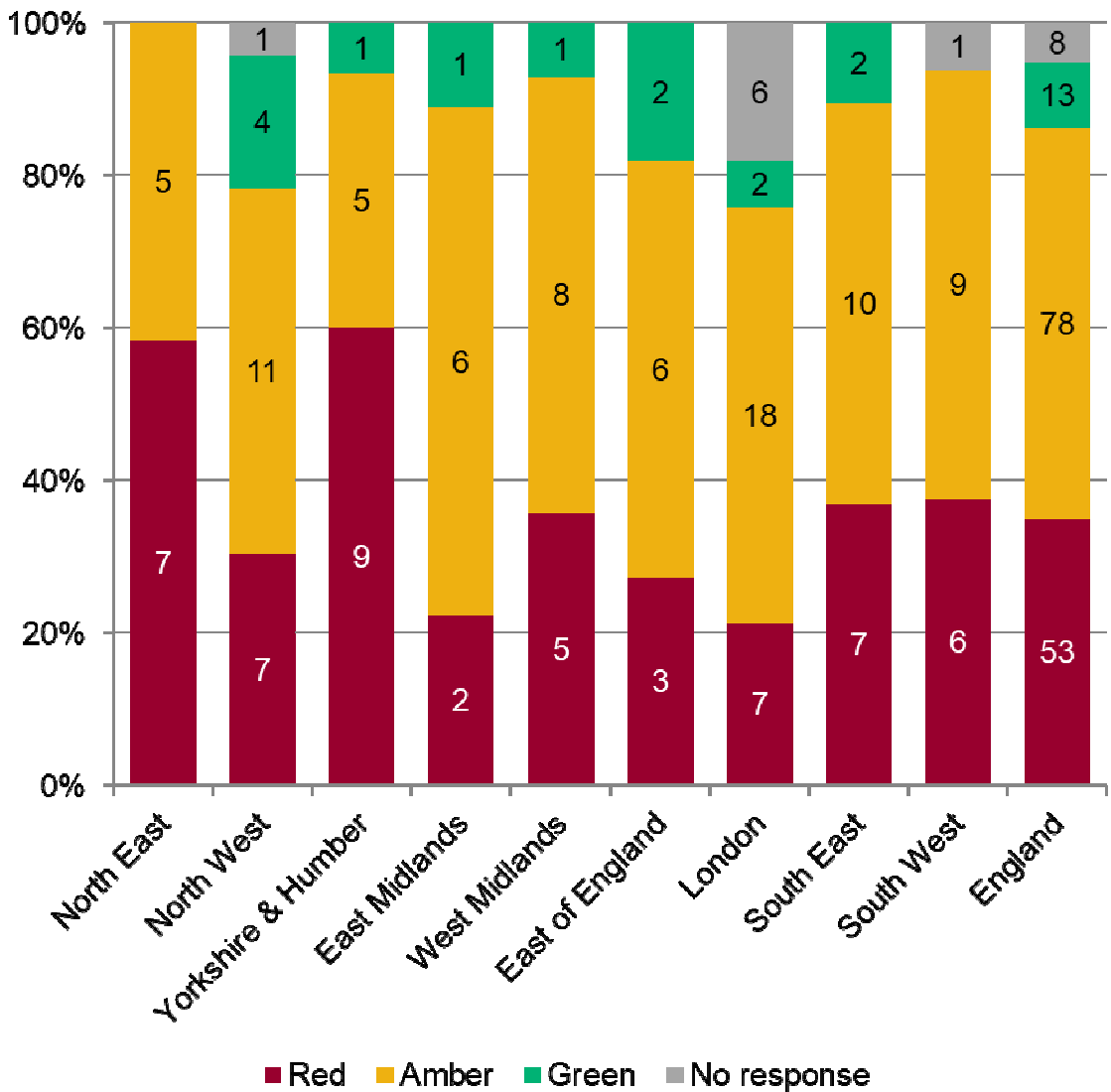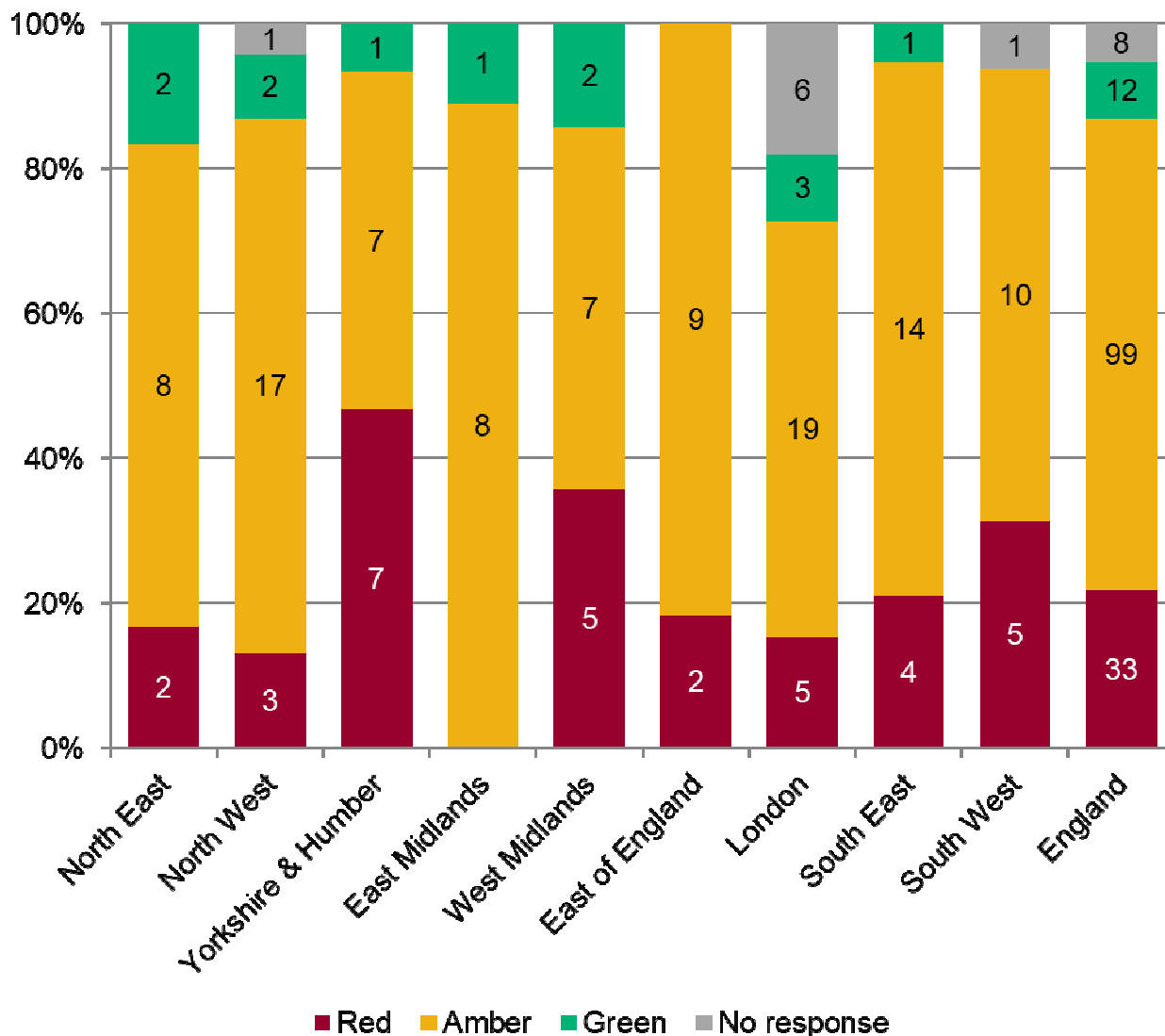
Figure 39: Local authorities' responses by regions to "Have reasonable adjustments been made to general council services to improve access and support for people with autism?"

Ratings:

- Regions (formerly GORs)
- UTLA
- No response
- Red
- Amber
- Green

London Detail

Source: Autism Self-Assessment Framework 2016
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0   25   50   100 Miles

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Figure 40 Map showing local authorities' responses to "Have reasonable adjustments been made to general council services to improve access and support for people with autism?"

Question 12: In your area have reasonable adjustments been promoted to enable people with autism to access NHS services including primary care or GP services, mental health and acute services? (This question is new this year)

🟥	There is little evidence of reasonable adjustments in NHS services, to improve access for people with autism
🟧	There are some examples of reasonable adjustments being made to NHS services to improve access for people with autism, across a small range of services
🟩	There is evidence of implementation of reasonable adjustments for people with autism in a wide range of NHS services

Response	Local authorities
Green	24 (16%)
Amber	107 (70%)
Red	12 (8%)
No response	9 (6%)

Figure 41 and figure 42 show that:
- overall, 16% of boards rated themselves as 'green', 70% rated themselves as 'amber' and 8% rated themselves as 'red'
- regionally, the highest proportions of 'green' ratings were recorded in North East (33%) and South West (25%)
- regionally, the highest proportion of 'red' ratings was recorded in West Midlands (21%)
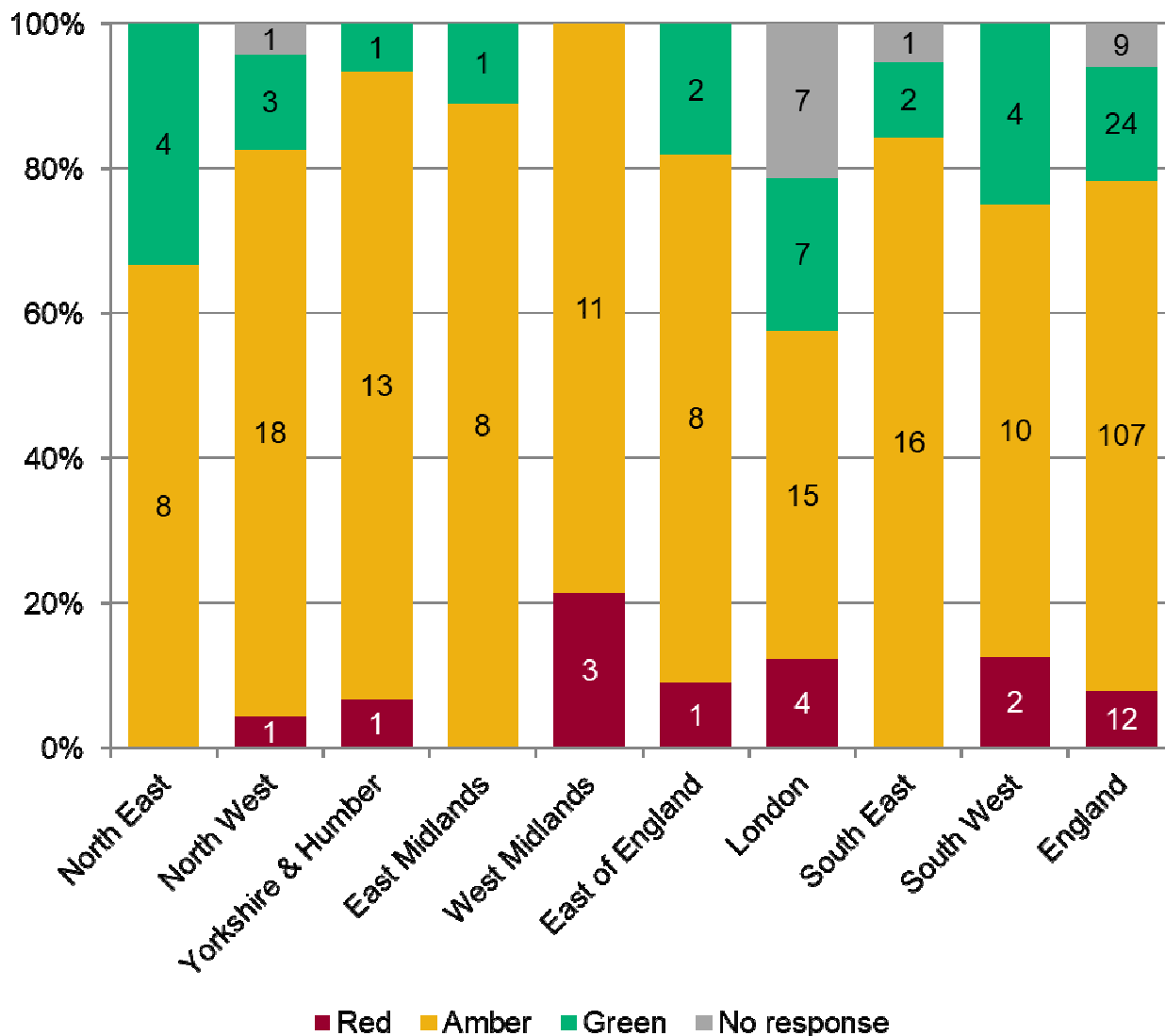
Figure 41: Local authorities' responses by regions to "Have reasonable adjustments been made to general council services to improve access and support for people with autism?"
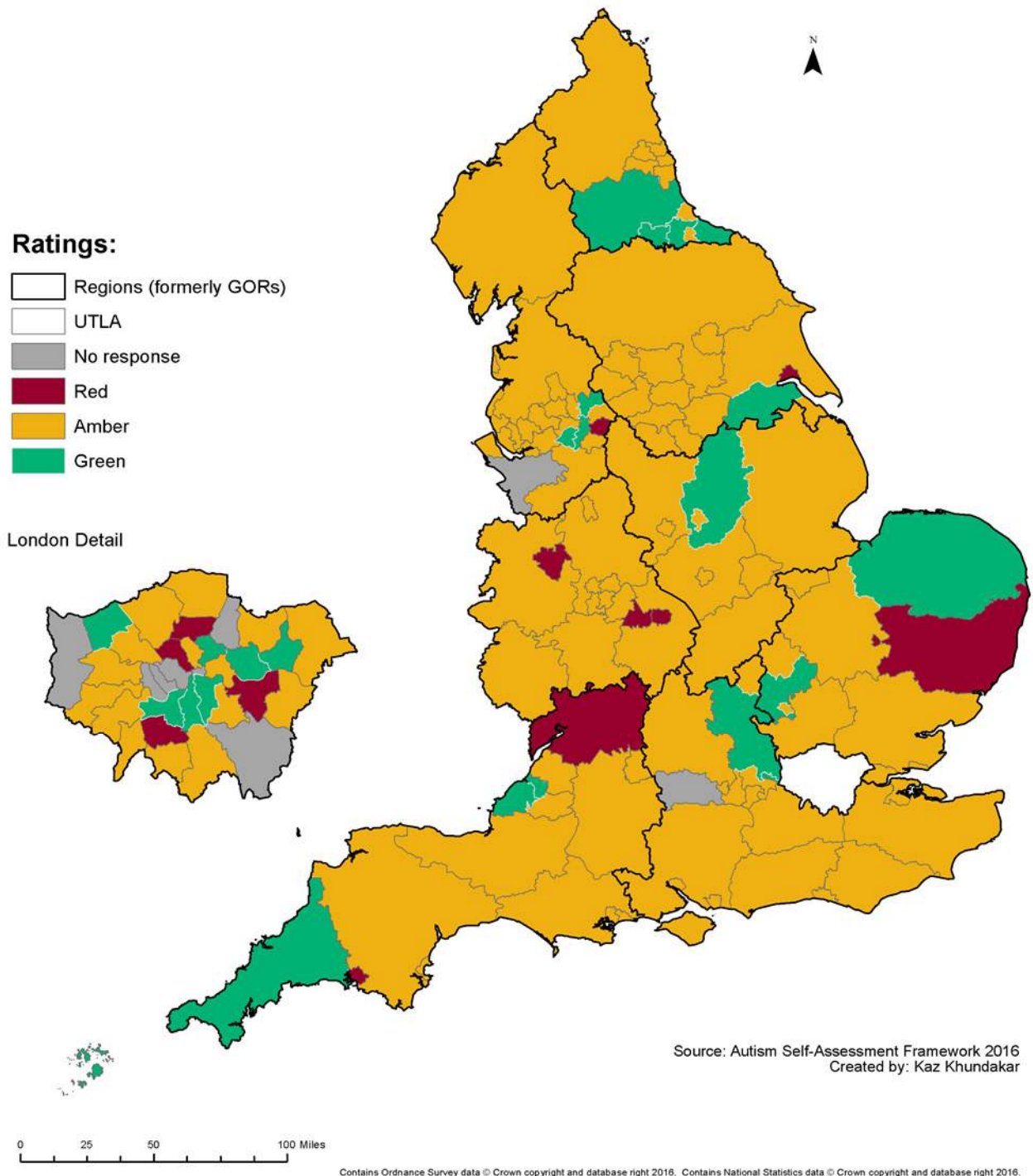
Figure 42: Map showing local authorities' responses to "Have reasonable adjustments been made to general council services to improve access and support for people with autism?"

Question 12.01: In your area have reasonable adjustments been promoted to enable people with autism to access health and social care information, support and advice? (This question is new this year)

There is little evidence of reasonable adjustments to health and social care information, support and advice services, to improve access for people with autism

There are some examples of reasonable adjustments being made to health and social care information, support and advice services, across a small range of services

There is evidence of implementation of reasonable adjustments for people with autism in a wide range of health and social care information, support and advice services

Response	Local authorities
Green	25 (16%)
Amber	116 (76%)
Red	4 (3%)
No response	7 (5%)

Figure 43 and figure 44 show that:
- overall, 16% of boards rated themselves as 'green', 76% rated themselves as 'amber' and 3% rated themselves as 'red'
- regionally, the highest proportions of 'green' ratings were recorded in London (24%)
- Yorkshire and Humber, East Midlands, London and South East had one local authority each, rating themselves as 'red'
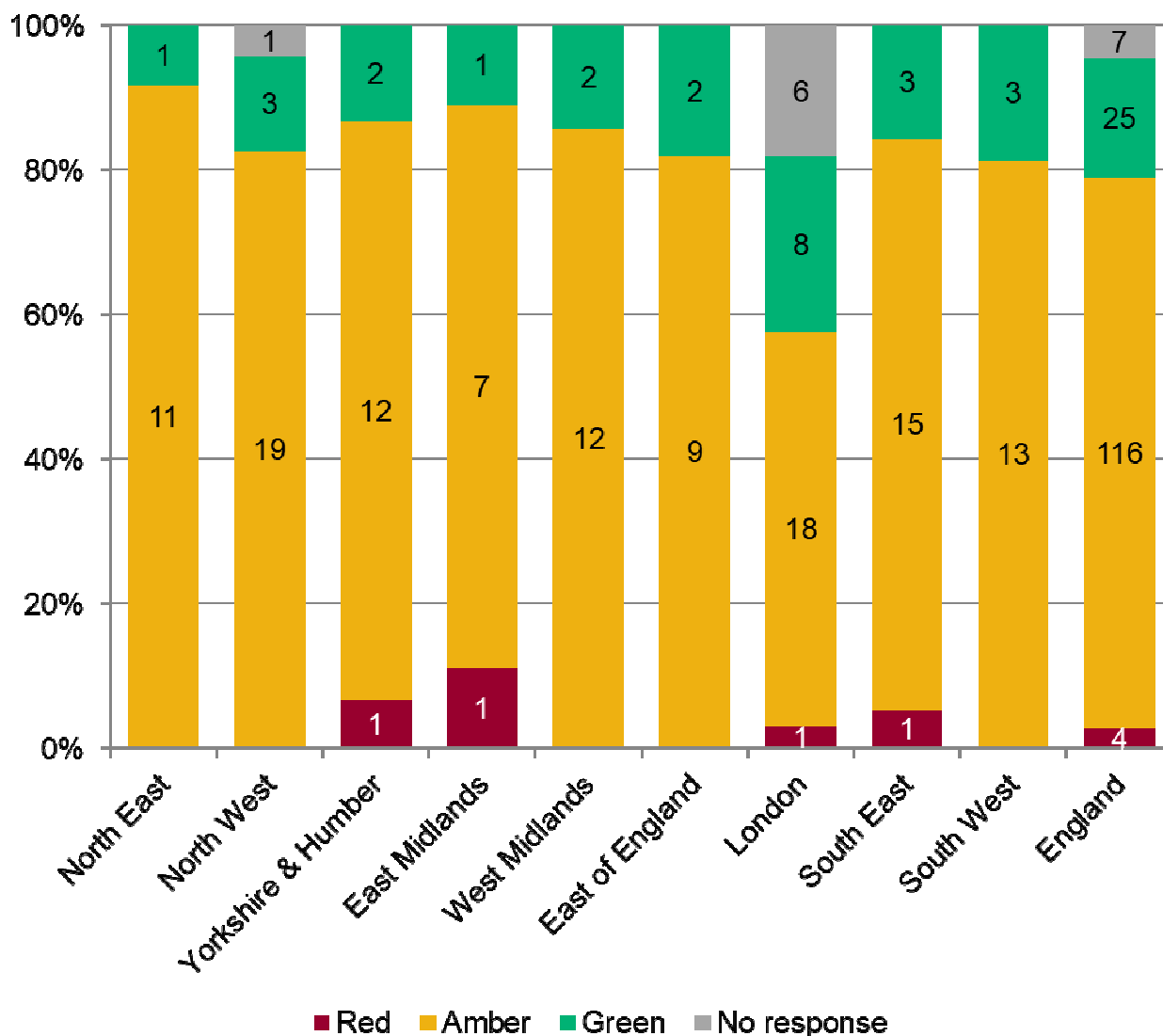
Figure 43: Local authorities' responses by regions to "In your area have reasonable adjustments been promoted to enable people with autism to access health and social care information, support and advice?"

Ratings:

- Regions (formerly GORs)
- UTLA
- No response
- Red
- Amber
- Green

London Detail

Source: Autism Self-Assessment Framework 2016
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0   25   50   100 Miles

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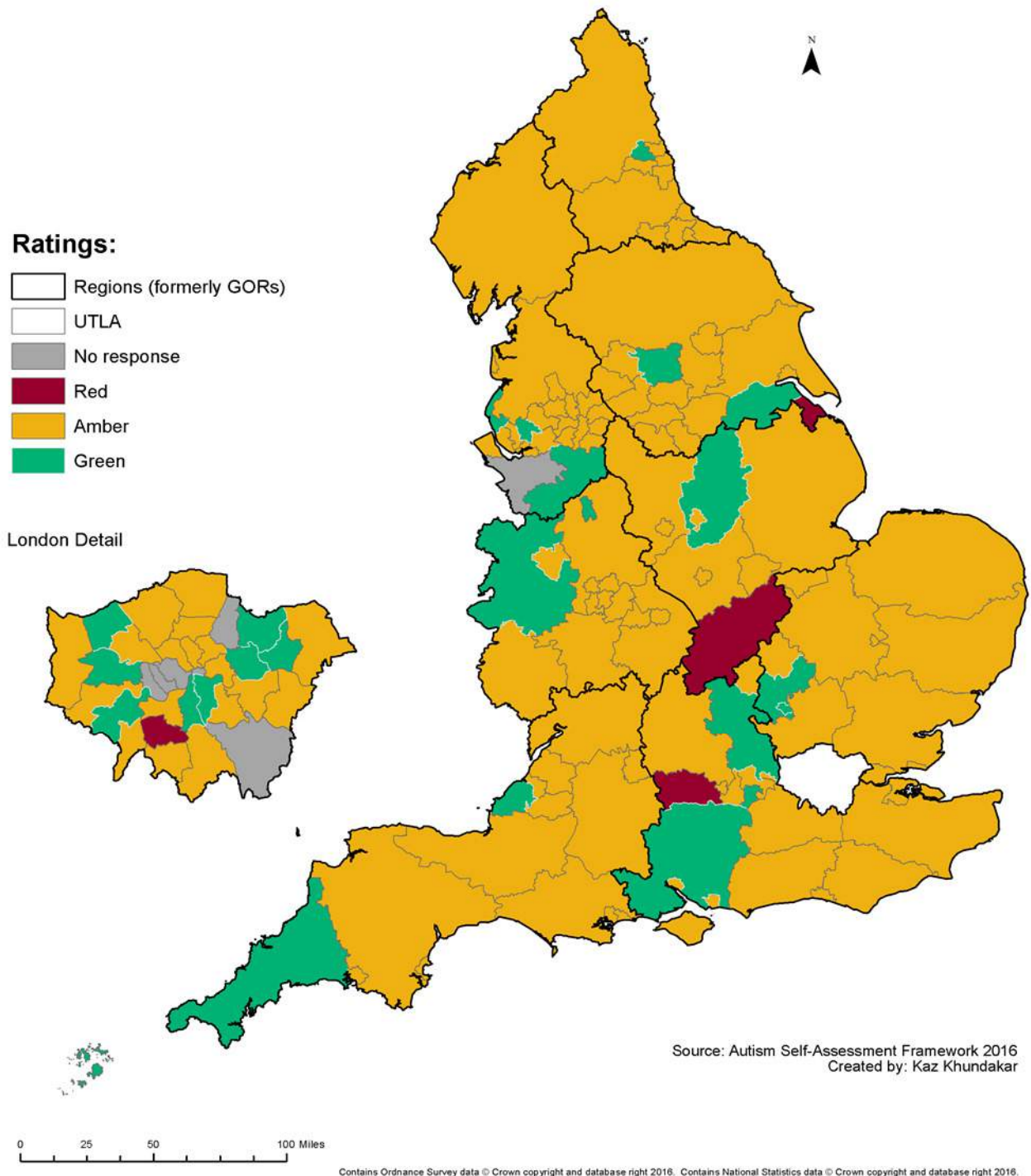
Figure 44: Map showing local authorities' responses to "In your area have reasonable adjustments been promoted to enable people with autism to access health and social care information, support and advice?"

Question 12.02: In your area have reasonable adjustments been promoted to enable people with autism to access other public services including colleges and universities, libraries and all forms of public transport? (This question is new this year)

There is little evidence of reasonable adjustments in other public services, to improve access for people with autism

There are some examples of reasonable adjustments being made to public services to improve access for people with autism, across a small range of public services

There is evidence of implementation of reasonable adjustments for people with autism in a wide range of publicly provided and commercial public services

Response	Local authorities
Green	19 (13%)
Amber	110 (72%)
Red	11 (7%)
No response	12 (8%)

Figure 45 and figure 46 show that:
- overall, 13% of boards rated themselves as 'green', 72% rated themselves as 'amber' and 7% rated themselves as 'red'
- regionally, the highest proportions of 'green' ratings were recorded in East of England (27%) and North West (26%)
- regionally, the highest proportions of 'red' ratings were recorded in West Midlands (29%) and North East (17%)

Figure 45: Local authorities' responses by regions to "In your area have reasonable adjustments been promoted to enable people with autism to access other public services including colleges and universities, libraries and all forms of public transport?"
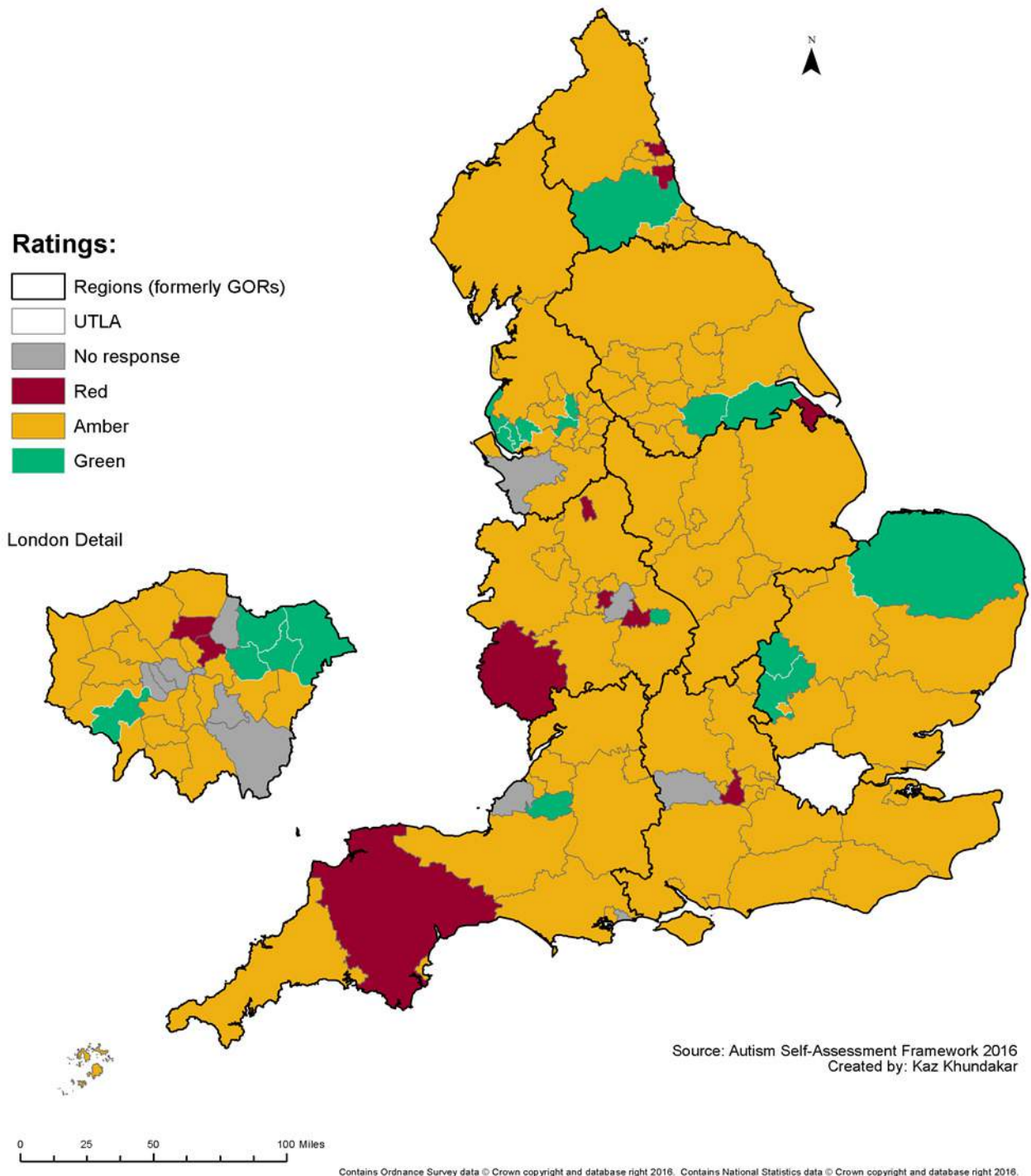
Figure 46: Map showing local authorities' responses to "In your area have reasonable adjustments been promoted to enable people with autism to access other public services including colleges and universities, libraries and all forms of public transport?"

Question 13: How do your transition processes from children's services to your local adult services take into account the particular needs of young people with autism? (This question is identical to 2014)

	No consideration of the needs of young people with autism: no data collection; no analysis of need; no training in young people's services
	Transition process triggered by parental request. Training in some but not all services designed for use by young people, and data collection on young people with autism and/education health and care (EHC) plans.
	Transition process automatic. Training inclusive of young people's services. Analysis of the needs of population of young people, including those without education health and care (EHC) plans and specialist commissioning where necessary and the appropriate reasonable adjustments made

Response	Local authorities	Local authorities in 2014
Green	56 (37%)	68 (45%)
Amber	86 (57%)	76 (50%)
Red	2 (1%)	3 (2%)
No response	8 (5%)	5 (3%)

Figure 47 and figure 48 show that:
- overall, 37% of boards rated themselves as 'green', 57% rated themselves as 'amber' and 1% rated themselves as 'red'
- regionally, the highest proportions of 'green' ratings were recorded in West Midlands (57%) and East Midlands (56%)
- West Midlands and South West had one local authority each, rating themselves as 'red'
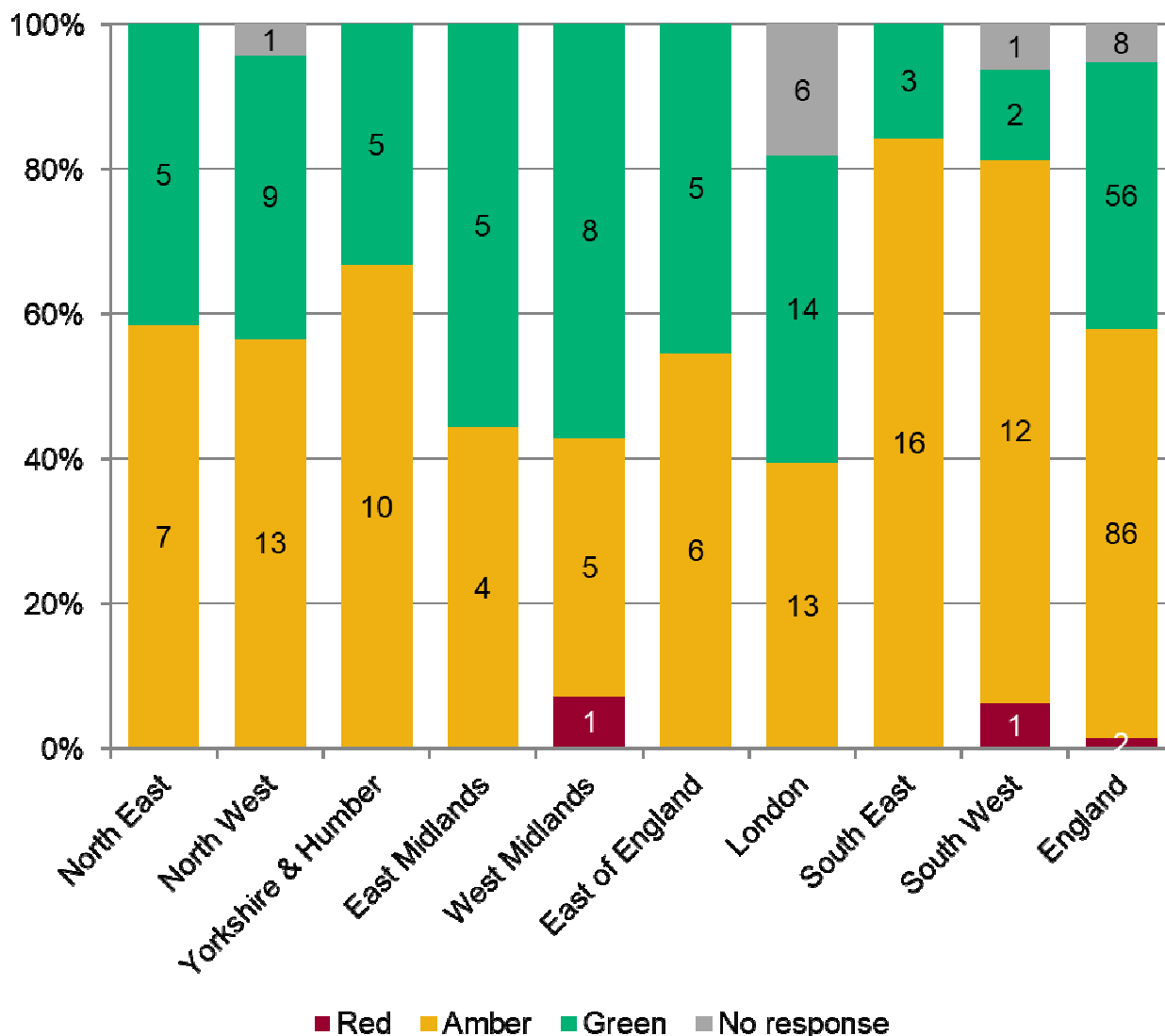
Figure 47: Local authorities' responses by regions to "How do your transition processes from children's services to your local adult services take into account the particular needs of young people with autism?
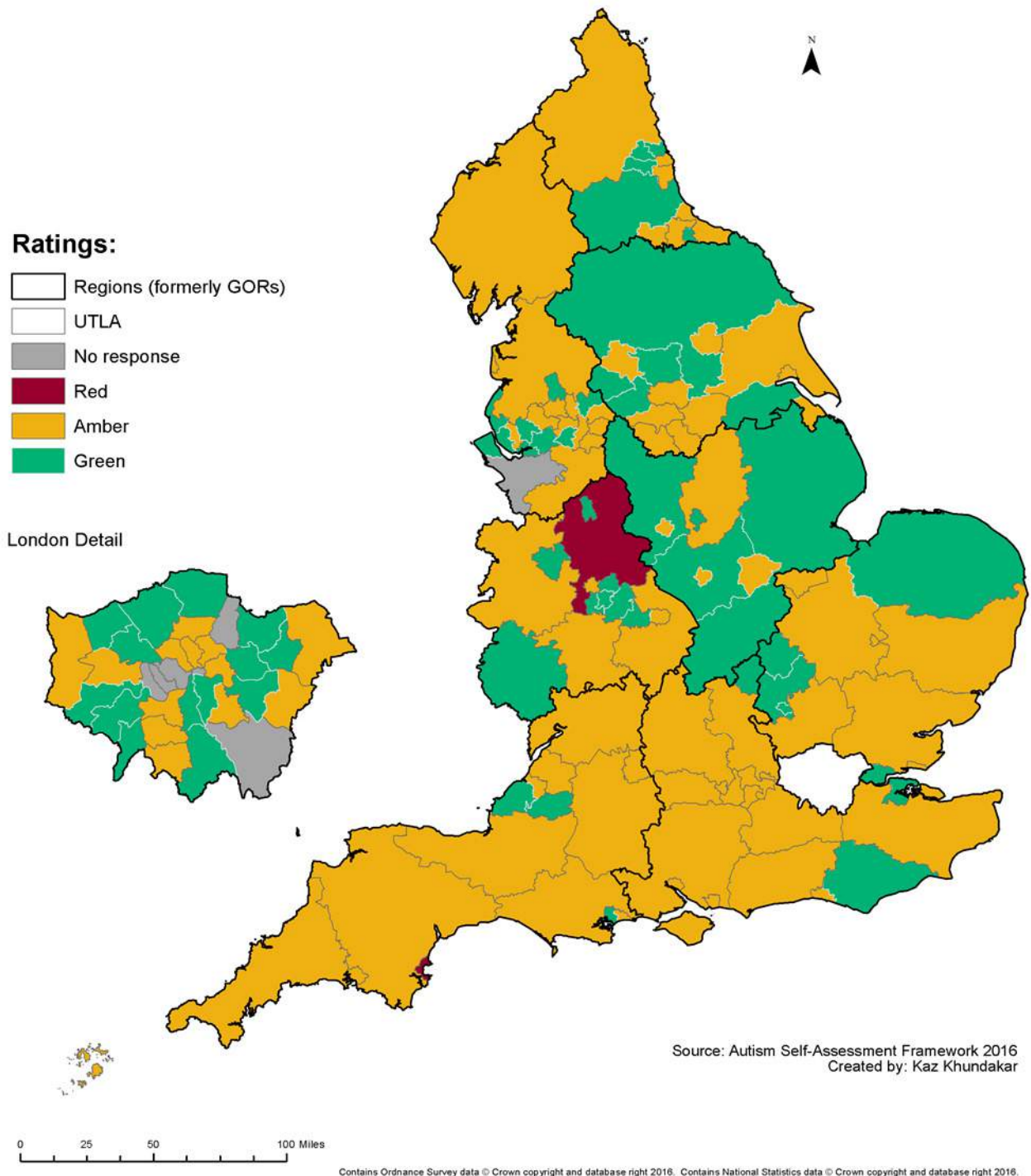
Figure 48: Map showing local authorities' responses to "How do your transition processes from children's services to your local adult services take into account the particular needs of young people with autism?

Question 13.01: How many children who had been identified as having autism, were in Year 10 in the school year 2015-2016?

Question 13.02: How many children who had been identified as having autism, were in Year 11 in the school year 2015-2016?

Question 13.03: How many children who had been identified as having autism, were in Year 12 in the school year 2015-2016?

Question 13:04: How many children who had been identified as having autism, were in Year 13 in the school year 2015-2016?

The questions13.01, 13.02, 13.03, 13.04 are more precise than previous years. For analysis we used the sum of the numbers in the four year groups included.

The responses provided are displayed by region as rates:
- The median reported rate was 8.9 per 1000 population
- the East Midlands reported the highest median rate: 11.3 per 1000 population
- the North West reported the lowest median rate: 6.3 per 1000 population
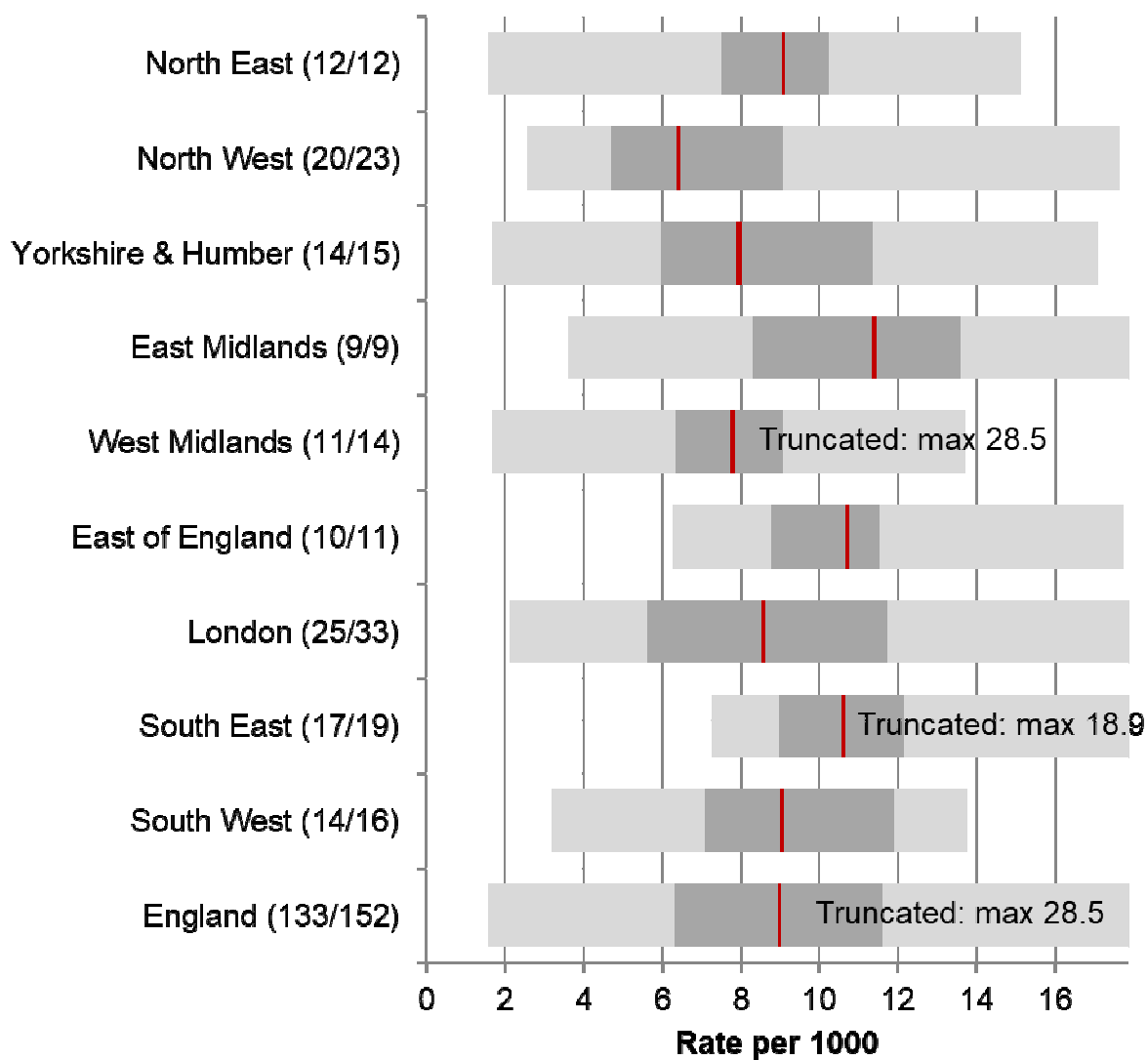
Figure 49: Rates of school children in years ten to thirteen inclusive who were identified as having autism

Ratings:

▭	Regions (formerly GORs)
▭	UTLA
▨	No response
▨	Unusable response
▨	Less than 5.9
▨	5.9 to 7.9
▨	8 to 9.8
▨	9.9 to 12.1
▨	Greater than 12.1

London Detail

Source: Autism Self-Assessment Framework 2016
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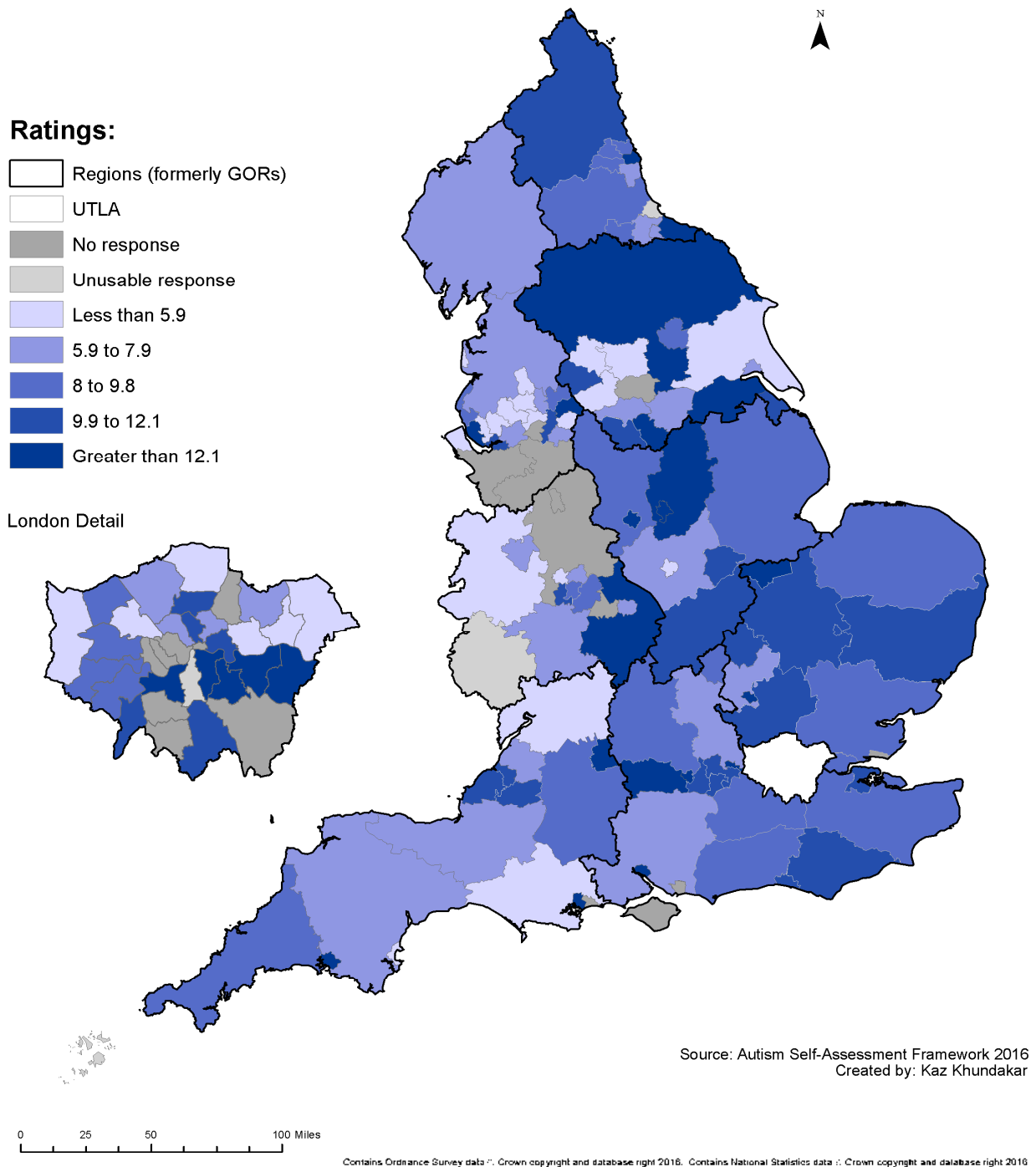
Figure 50:Map showing local authorities'' responses to "How many children who had been identified as having autism, were in years ten to thirteen inclusive in the school year 2015-2016 (cumulative for question 13.01,to13.04)?"

Question 13.05: How many children with autism have completed the transition process in the school year 2015-2016? (This question is more precise than 2014)

The responses provided are displayed by region below as rates:
- The median reported rate was 1.4 per 1000 population
- the East of England reported the highest median rate: 2.4 per 1000 population
- London reported the lowest median rate: 0.8 per 1000 population
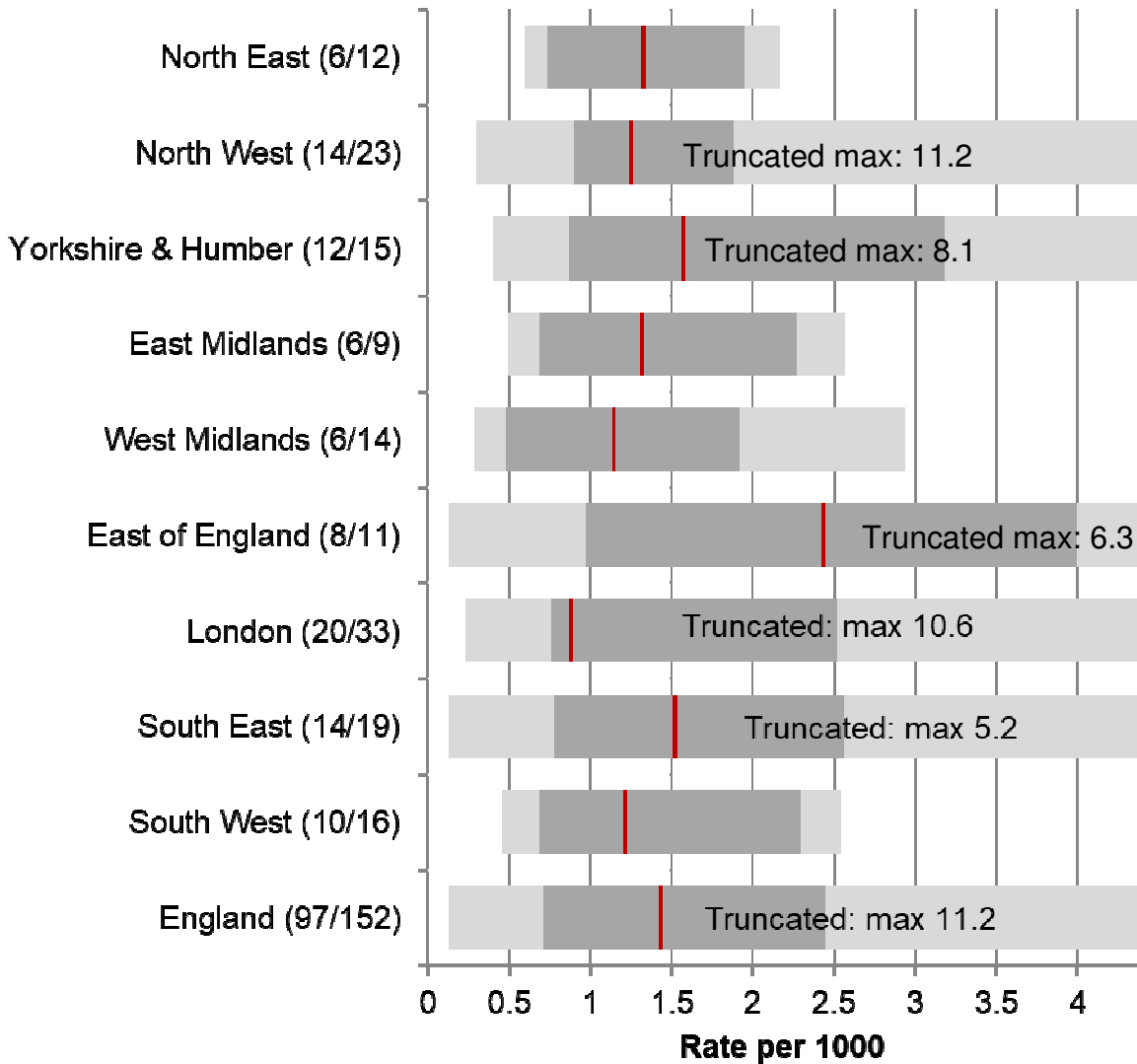
Figure 51: Rates of children with autism who have completed the transition process

Ratings:

- ▭ Regions (formerly GORs)
- ▭ UTLA
- No response
- Unusable response
- Less than 0.6
- 0.6 to 0.8
- 0.9 to 1.7
- 1.8 to 2.7
- Greater than 2.7

London Detail

Source: Autism Self-Assessment Framework 2016
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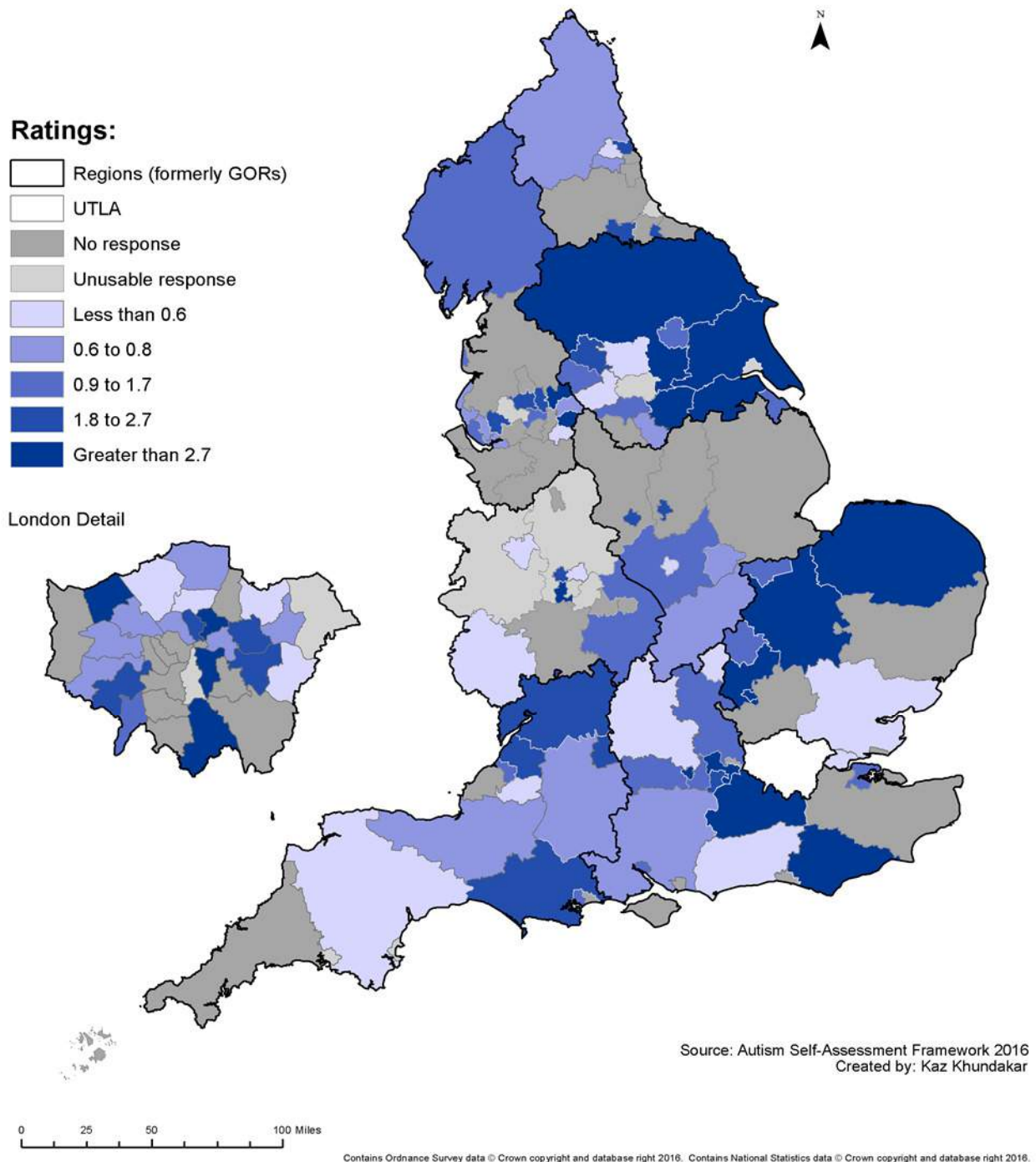
Figure 52: Map showing local authorities' responses to "How many children with autism have completed the transition process in the school year 2015-2016?"

Question 14: How does your planning take into account the particular needs of adults aged 65 and older? (This question is similar to 2013 and 2014)

No consideration of the needs of people aged 65 and older with autism: no data collection

There is some work in needs assessment, data collection and/or service planning for people with autism aged 65 and older

Analysis of the needs of the population of people aged 65 and older inclusive of autism and specialist commissioning where necessary and the appropriate reasonable adjustments made

Response	Local authorities	Local authorities in 2014	Local authorities in 2013
Green	12 (8%)	15 (10%)	17 (11%)
Amber	99 (65%)	92 (61%)	86 (57%)
Red	33 (22%)	41 (27%)	48 (32%)
No response	8 (5%)	4 (3%)	1 (1%)

Figure 53 and figure 54 show that:
- overall, 8% of boards rated themselves as 'green', 65% rated themselves as 'amber' and 22% rated themselves as 'red'
- regionally, the highest proportions of 'green' ratings were recorded in North East (17%) and West Midlands (14%)
- regionally, the highest proportions of 'red' ratings were recorded in Yorkshire & Humber (47%)

Figure 53: Local authorities' responses by regions to "How does your planning take into account the particular needs of adults age 65 and older?"
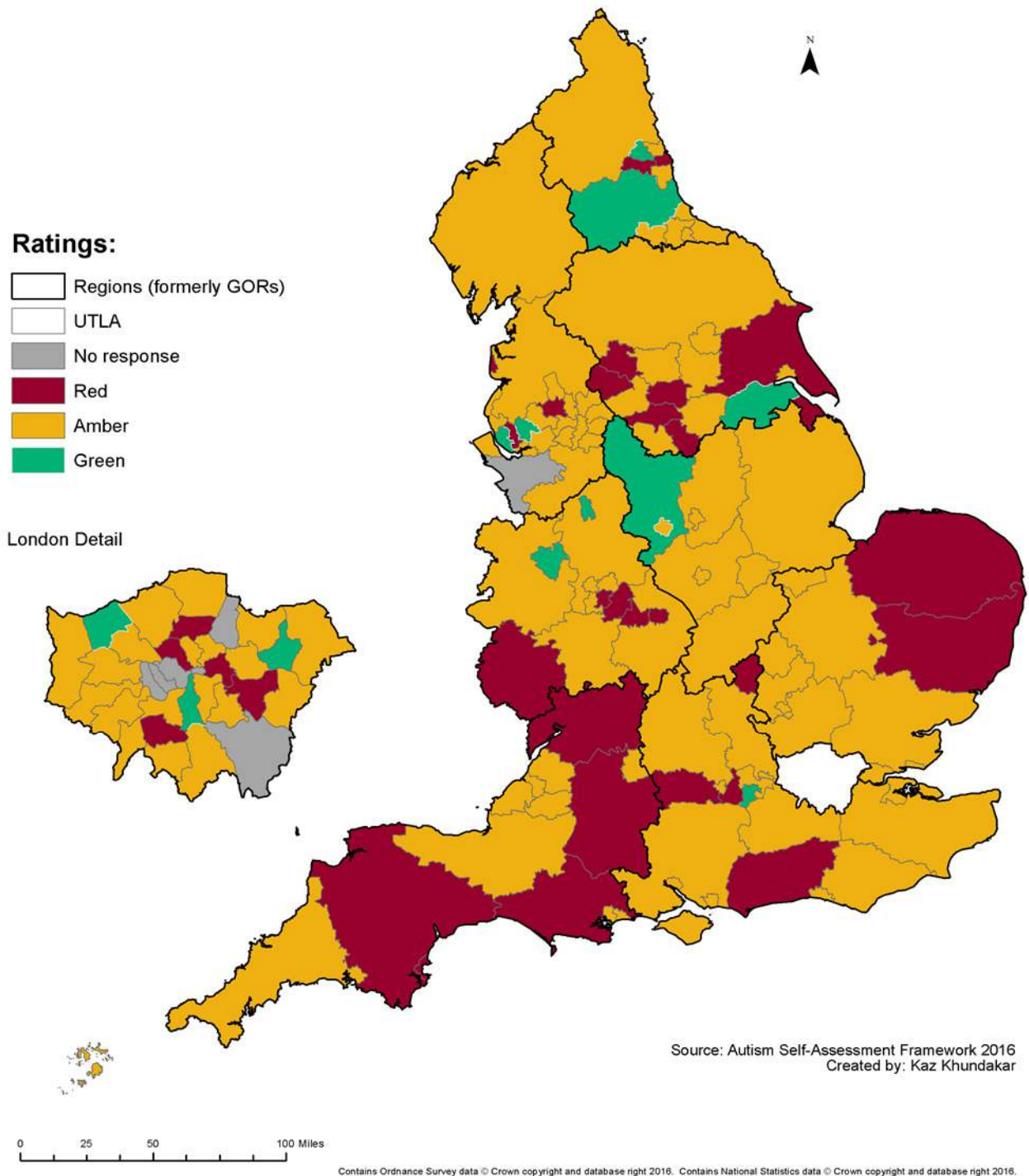
Figure 54: Map showing local authorities' responses to "How does your planning take into account the particular needs of adults age 65 and older?"
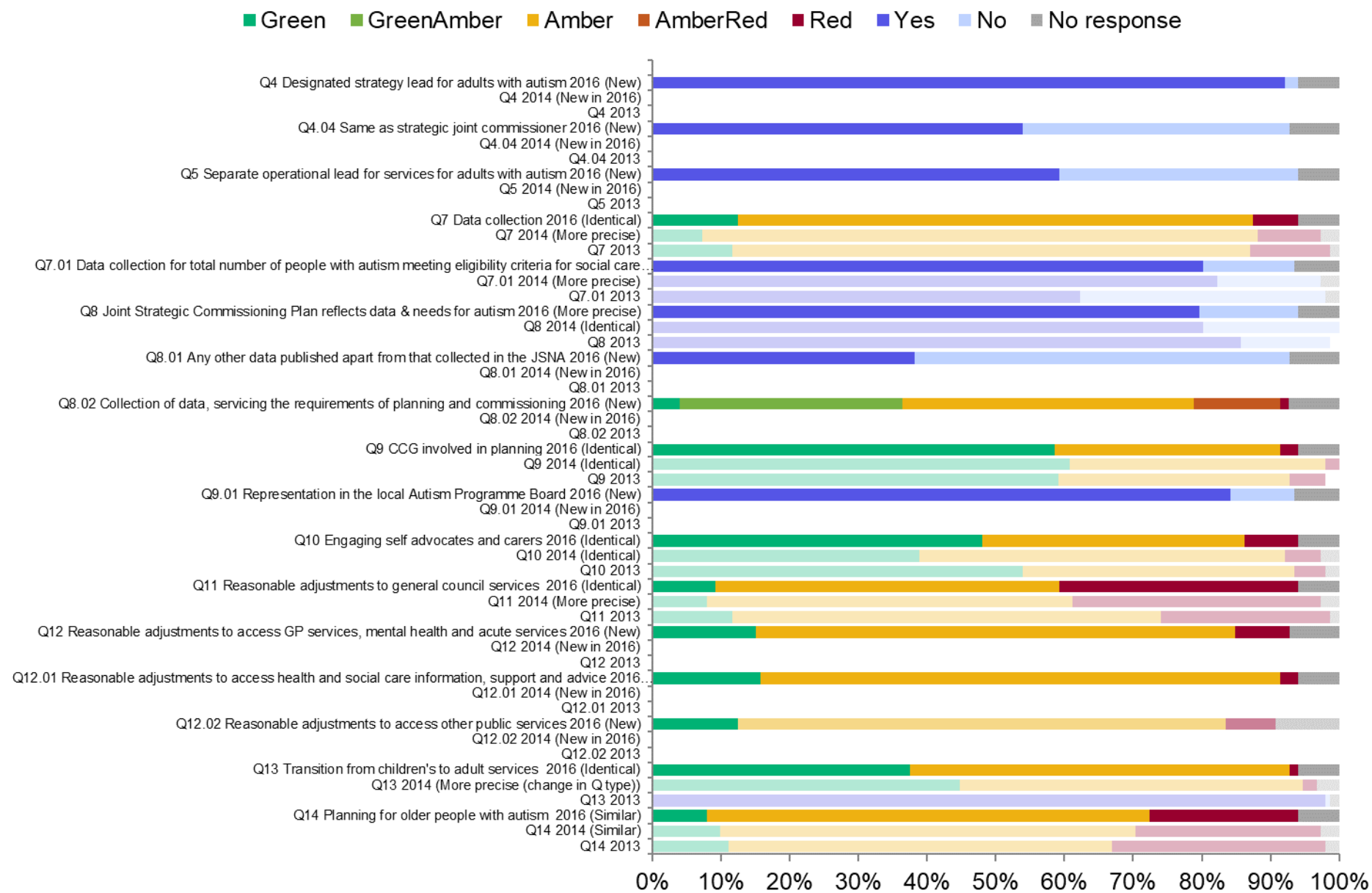
Figure 55: Three-year (2013, 2014 and 2016) comparison of proportions of ratings by local authorities for the questions in the Planning section

Training

Background

The training of staff providing relevant services to adults with autism is one of the six areas for which the Autism Act requires guidance to be provided. The original strategy stated that it is important that autism training should be available for everyone working in health or social care. This goal was restated in Think Autism in Priority Challenge 4 ("I want the everyday services that I come into contact with to know how to make reasonable adjustments to include me and accept me as I am. I want the staff who work in them to be aware and accepting of autism.") Training should aim to change staff behaviour and attitudes as well as improve knowledge and understanding of autism. The guidance for implementing the strategy covers both general autism awareness training and specialised training for staff in key roles.

Findings

Seventy three (48%) local authorities reported having a multi-agency autism training plan. Sixty three (41%) stated that CCGs, primary and secondary care practitioners are involved in this. One hundred and seventeen (77%) reported involving the police in autism training. Forty nine (29%) reported involving local court services and seventy (46%) reported involving the local probation service.

Twenty six (17%) local authorities gave themselves the highest (green) rating for the question on whether autism-awareness training has been made available to all staff working in health and social care. Ninety six (63%) recorded the uptake levels of autism-awareness training. Of these, the median reported rate of staff eligible for training was 1.7 per 1000 population. 45.6 percent of the eligible staff were reported as being up to date with training. One hundred and twelve (74%) stated including self-advocates with autism and/or family carers in the design of training or having a role as trainers.

Forty one (27%) reported that all staff who carry out statutory assessments had attended specialist autism training on how to make adjustments in their communication and approach. Seventeen (11%) reported having specific training focussing on adults with autism over the age of 65.

Performance improved in the following areas compared with 2014:
- engagement of the local police service in autism awareness training (up 5%)
- engagement of the local court service in autism awareness training (up 7%)

Performance deteriorated in the following areas compared to 2014:
- multi-agency training plan in place (down 6%)
- autism awareness training to staff working in health and social care (down 12%)

Performance remained more or less unchanged in the following areas:
- training to staff that carry out statutory assessments on their approach and communication
- CCGs ensuring that all primary and secondary healthcare providers include autism training as part of their ongoing workforce development
- engagement of the local probation service in autism awareness training

Responses for the following question can be found in the 'Full Responses' available online.
- Question 17.01: What is included in the multi-agency training plan?

Question17: Have you got a multi-agency autism training plan? (This question is identical to 2013 and 2014).

Response	Local authorities	Local authorities in 2014	Local authorities in 2013
Yes	73 (48%)	82 (54%)	89 (59%)
No	71 (47%)	66 (43%)	63 (41%)
No response	8 (5%)	4 (3%)	0 (0%)

Figure 56 and figure 57 show that:
- overall, 48% responded 'yes' and 47% responded 'no'
- regionally, the highest proportions of 'yes' responses were recorded in East Midlands (89%) and South West (56%)
- regionally, the highest proportions of 'no' responses were recorded in East of England (73%) and West Midlands (71%)
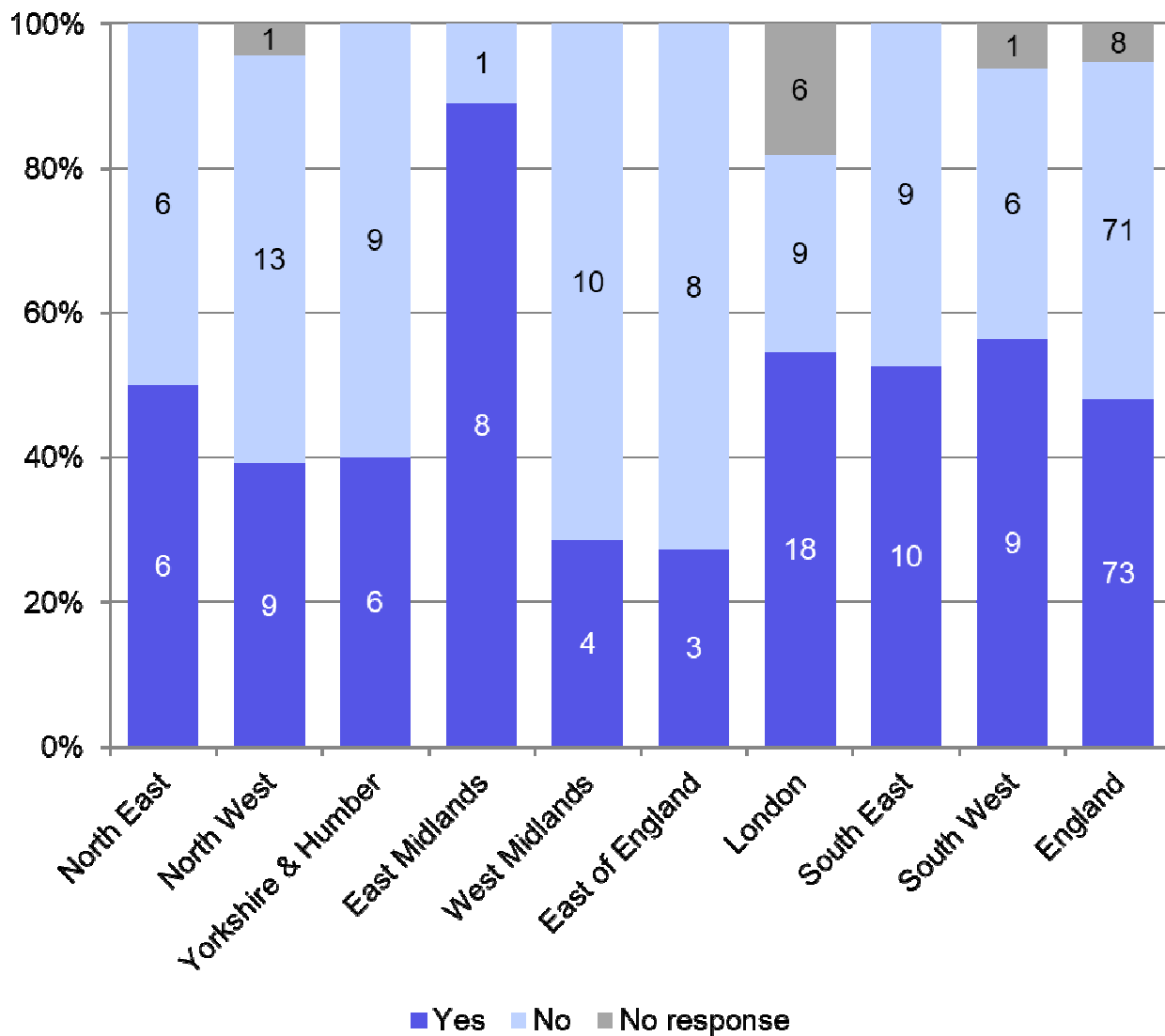
Figure 56: Local authorities' responses by region to "Have you got a multi-agency autism training plan?"
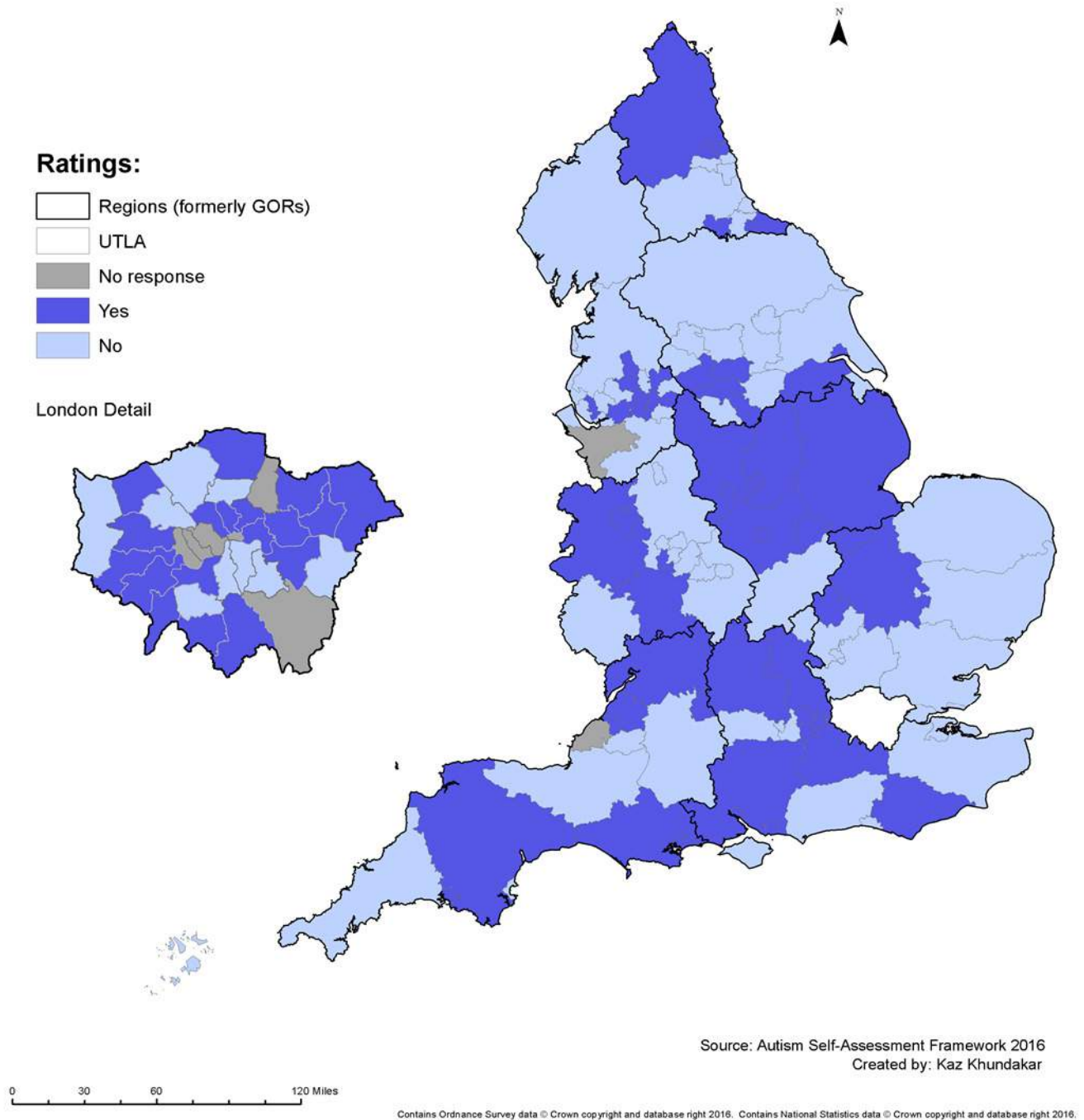
Figure 57: Map showing local authorities' responses to "Have you got a multi-agency autism training plan?"

Thematic analysis

Areas were asked if they currently had a multi-agency autism training plan, and whether there were any comments they wished to make.

- 73 areas (50%) responded that they did have a multi-agency autism training plan (all 73 with comments)
- 72 areas (50%) responded that they did not have a multi-agency autism training plan (43 with comments)

Of the 72 areas that said they did not have a multi-agency autism training plan, 29 provided no further comment. Of the 43 areas which did leave a comment, 17 areas (12% of all 145 areas) mentioned that a multi-agency autism training plan was being developed, or was part of the development of a larger autism strategy. Three areas reported that broader multi-agency training plans included autism within them.

Twenty three areas (16% of all 145 areas) reported that the local authority led on autism training and provided autism training to multiple agencies beyond local authority staff. Nine areas reported that a range of individual organisations offered autism training, usually for staff in their own organisations (6%). Specific groups of staff explicitly mentioned as being offered autism training included a wide range of council staff and social care staff across statutory, independent and voluntary sector agencies (20 areas; 14%), health care staff (often in primary care, community learning disability or mental health teams, 13 areas; 9%), staff in the criminal justice system (mainly in police/probation services, 3 areas), staff in education/schools (2 areas), housing staff (2 areas), and staff in employment services (1 area).

Camden: "Training is open to the whole Camden workforce, including children's and adults' staff groups. Training is multi-agency and open to learners from across the workforce including all Camden Council staff, social care, health, schools, the voluntary and community sector, and other partners agencies. All staff groups are included, from frontline workers to specialist practitioners. Currently the majority of attendance is from children's teams and education settings, with some attendance from social care settings and adults' teams. Since September 2010 courses have been run by Camden's Training and Development Service (TDS) in line with annual identified needs. The Integrated Early Years Service (IEYS) has its own training arrangements. However, the local validation group felt that low-level awareness training is insufficient to change understanding and attitudes: regular contact with adults with autism is required or a national awareness raising campaign."

Five areas (3%) specifically mentioned e-learning as a component of autism training available in their local area, and 2 areas explicitly mentioned people with autism being part of training teams.

The 73 areas that said they did have a multi-agency autism training plan all provided further comments. Overall these were qualitatively similar to comments from areas that said they did not have a multi-agency autism training plan but comments typically provided more detailed descriptions of plans and activities.

One of the 73 areas commented that they did not have a multi-agency autism training plan, and a further 12 areas (8% of all 145 areas) said they were developing a plan (7 of these 12 areas were refreshing existing plans that required updating). Two areas mentioned that broader multi-agency training plans included autism within them.

Isle of Wight: "Discussions have taken place with training commissioners in health and social care and we are committed to ensuring that autism training is available to all. Autism awareness E-learning training is available for all staff and included in the web based co-commissioned training. We are already targeting staff in health and social care, advocacy, voluntary sector, housing and domiciliary and residential provider settings who have face to face contact with people with autism and are looking at how we deliver equality and diversity training to include the needs of people with autism. The diagnosis service provides training to community mental health services, IAPT and AESOP"

Twenty five areas (17%) explicitly mentioned that they did have a multi-agency autism training plan, with 10 areas (7%) mentioning that these plans covered multiple local authority areas. Fourteen areas reported that the council led on autism training, and provided autism training to multiple agencies beyond local authority staff (10%). Specific groups of staff explicitly mentioned as being offered autism training included a wide range of council staff and social care staff across statutory, independent and voluntary sector agencies (54 areas; 37%), health care staff (often in primary care, community learning disability or mental health teams, 45 areas; 31%), staff in the criminal justice system (mainly police/probation services, 23 areas; 16%), staff in education/schools (16 areas; 11%), housing staff (14 areas; 10%), staff in employment services (16 areas; 11%), staff in fire services (4 areas), foster/shared lives carers (3 areas) and transport staff (2 areas). Eight areas (6%) mentioned providing training for family carers, three areas mentioned training for people with autism and three areas mentioned providing training for the public.

Seven areas (5%) specifically mentioned e-learning as a component of autism training available in their local area, and four areas explicitly mentioned people with autism being part of training teams. One area mentioned that they were not engaged in 'low-level autism awareness training', as it was felt to be insufficient and that regular contact with people with autism and a national awareness campaign was required.

Overall, whether areas reported having a multi-agency autism training plan or not, training was most commonly led by councils for a range of agencies (37 areas; 26%). The groups of people most commonly mentioned as accessing autism training were local authority and social care staff (74 areas; 51%) and health service staff (58 areas; 40%), followed by staff across the police, probation and criminal justice system (26 areas; 18%), staff in education/schools (18 areas; 12%), staff in employment services (17 areas; 12%) and staff in housing services (11.0%). Less than 10% of areas (12 areas; 8%) explicitly mentioned using e-learning as part of their autism training strategy, and even fewer (6 areas; 4%) explicitly mentioned that people with autism were part of teams doing the training.

Question18: Is autism awareness training being/been made available to all staff working in health and social care? (This question is identical to 2014).

Response	Local authorities	Local authorities in 2014
Green	26 (17%)	44 (29%)
Amber	103 (68%)	96 (63%)
Red	15 (10%)	8 (5%)
No response	8 (5%)	4 (3%)

	Historical workforce training data available from statutory organisations on request. Not yet devised an autism training plan/strategy
	Client facing staff identified as a priority. Good range of local autism training that meets NICE guidelines and some data on take up. Workforce training data available from statutory organisations on request. Autism training plan/strategy near completion
	Focus on all staff. Comprehensive range of local autism training that meets NICE guidelines and data on take up. Workforce training data collected from all statutory organisations and collated annually, gaps identified and plans developed to address. Autism training plan/strategy published

Figure 58 and figure 59 show that:
- overall, 17% of boards rated themselves as 'green', 68% rated themselves as 'amber' and 10% rated themselves as 'red'
- regionally, the highest proportions of 'green' ratings were recorded in East Midlands (33%)
- regionally, the highest proportions of 'red' ratings were recorded in Yorkshire & Humber (20%)
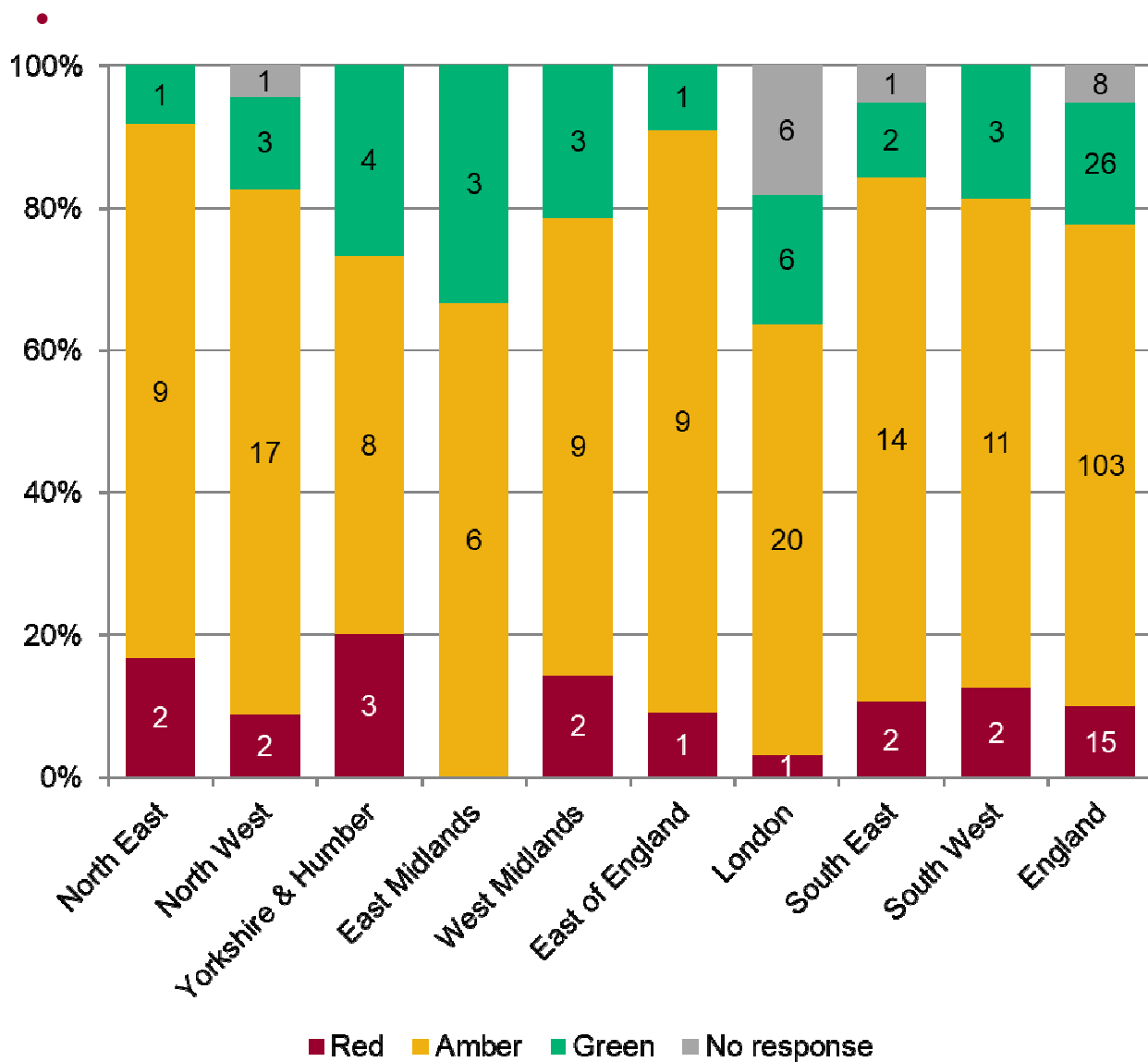
Figure 58: Local authorities' responses by region to "Is autism awareness training being/been made available to all staff working in health and social care?"
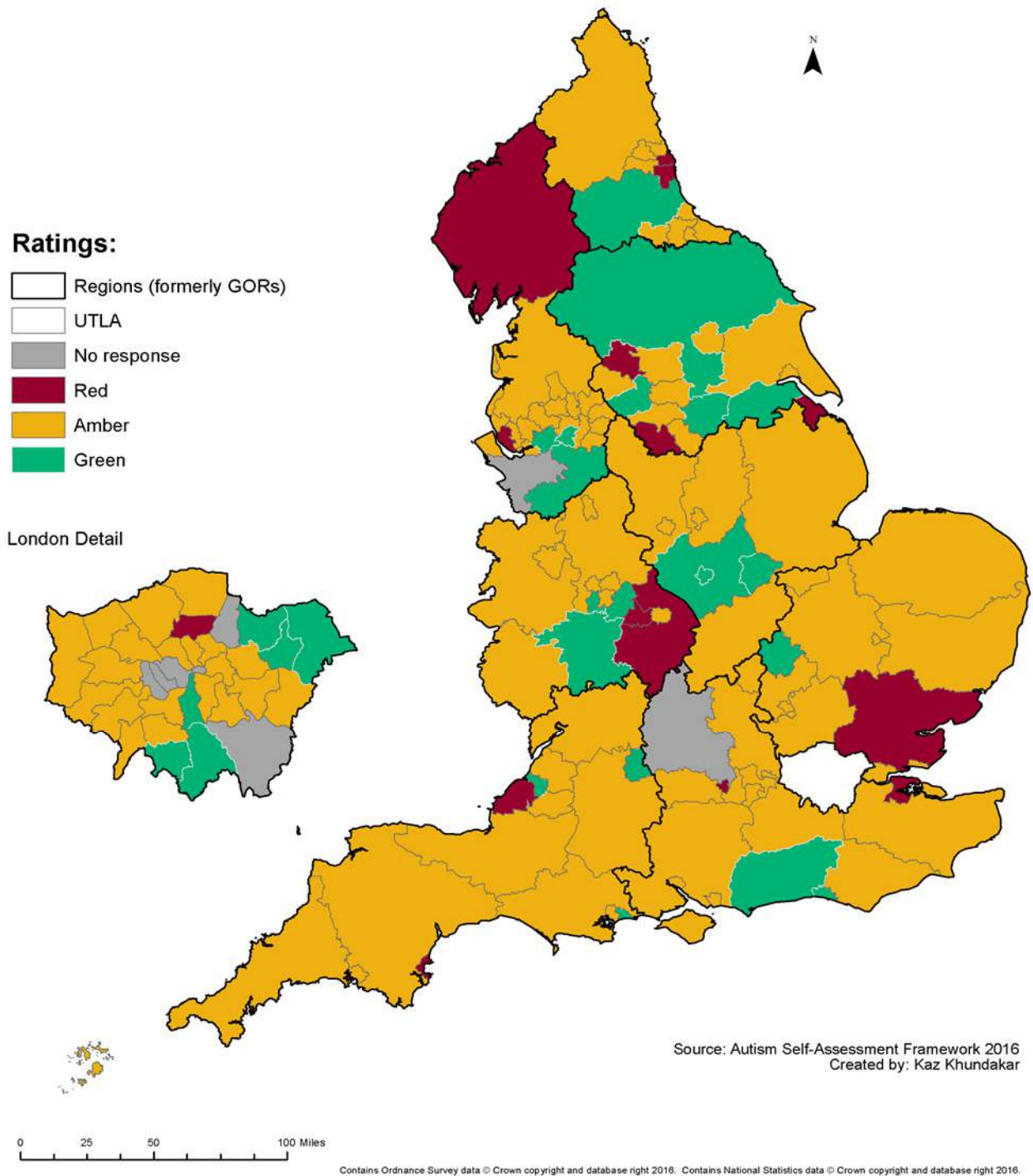
Figure 59: Map showing local authorities' responses to "Is autism awareness training being/been made available to all staff working in health and social care?"

Question18.01: Do you record uptake levels of autism awareness training for Local Authority and/or NHS staff working in health and social care? (This question is new this year).

Response	Local authorities
Yes	96 (63%)
No	47 (31%)
No response	9 (6%)

Figure 60 and figure 61 show that:
- overall, 63% responded 'yes' and 31% responded 'no'
- regionally, the highest proportions of 'yes' responses were recorded in East of England (82%) and West Midlands (71%)
- regionally, the highest proportions of 'no' responses were recorded in North East (50%) and Yorkshire & Humber (47%)
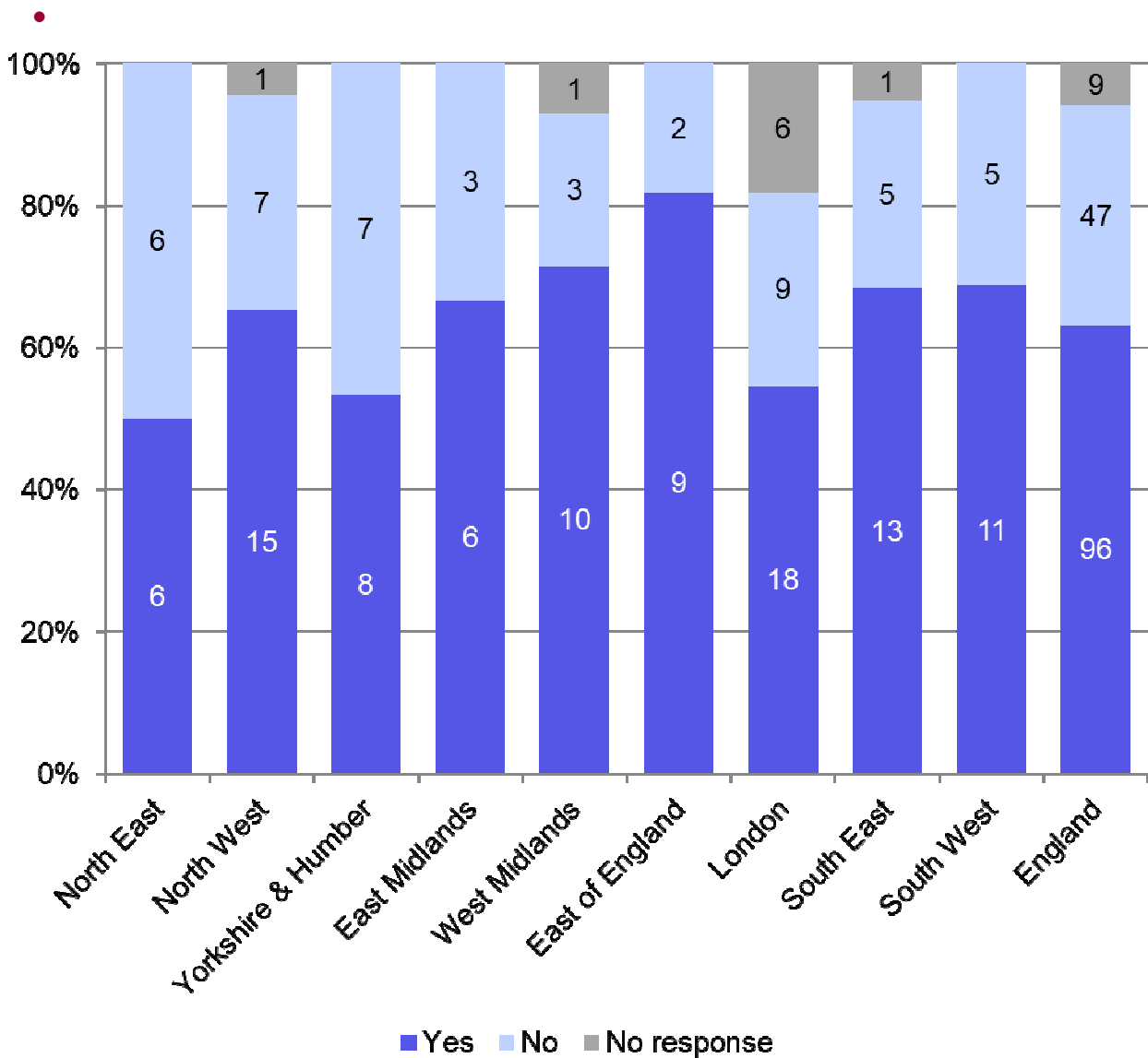
Figure 60: Local authorities' responses by region to "Do you record uptake levels of autism awareness training for Local Authority and/or NHS staff working in health and social care?"

Ratings:

- ☐ Regions (formerly GORs)
- ☐ UTLA
- ☐ No response
- ☐ Yes
- ☐ No

London Detail

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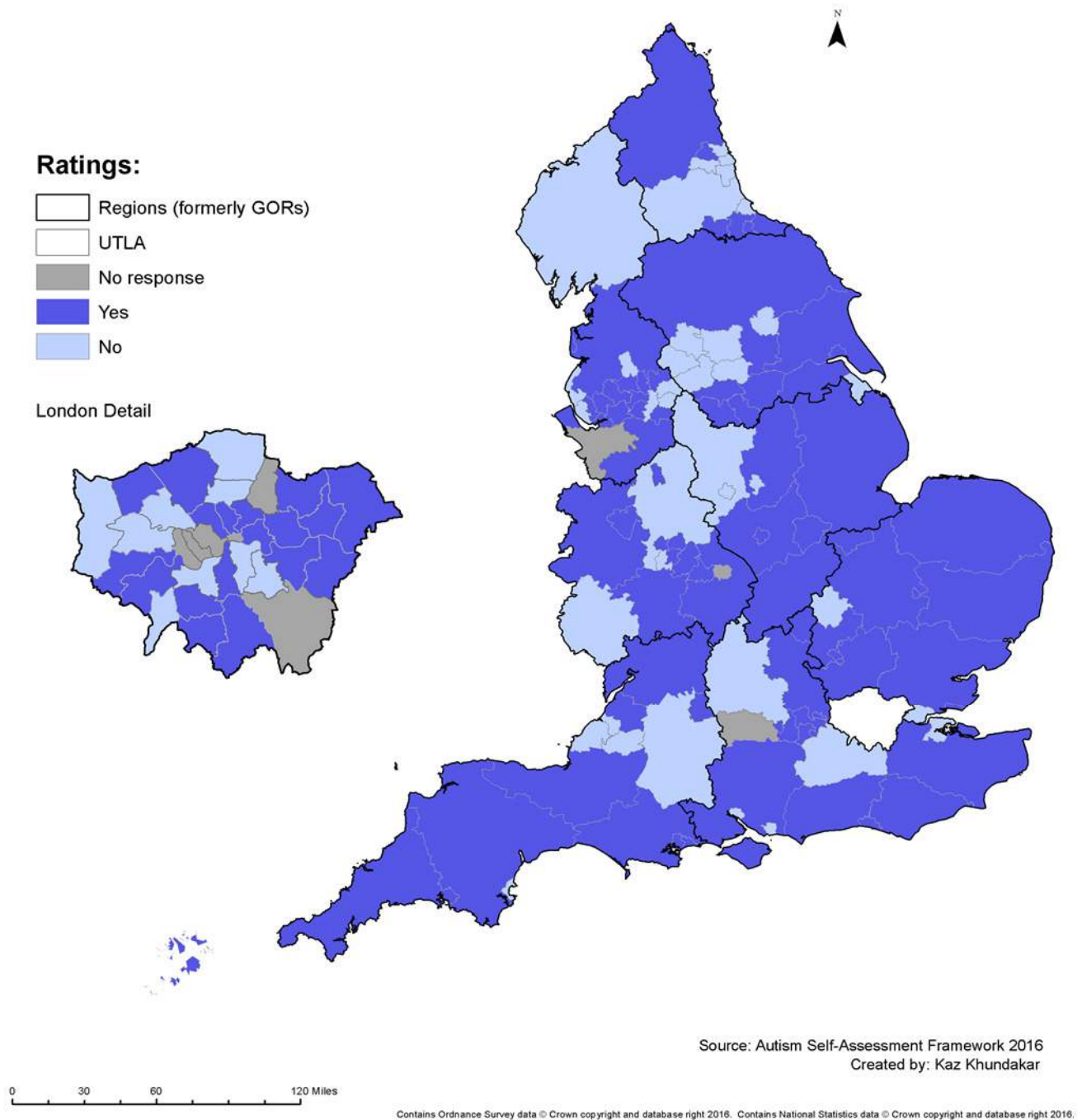
Figure 61: Map showing local authorities' responses to "Do you record uptake levels of autism awareness training for Local Authority and/or NHS staff working in health and social care?"

Local authorities were asked for the number of staff eligible for training. Eighty two local authorities responded to this question. To report these in a way that made at least some allowance for the varied sizes of upper tier local authorities numbers were divided by the total populations of the areas. The responses provided are displayed by region below as rates:

- the median reported rate was 1.7 per 1000 population
- the North West reported the highest median rate: 2.9 per 1000 population
- the East of England reported the lowest median rate: 0.7 per 1000 population

Figure 62 shows the reported rates by region and figure 63 shows a geographical representation of the reported rates by local authority:
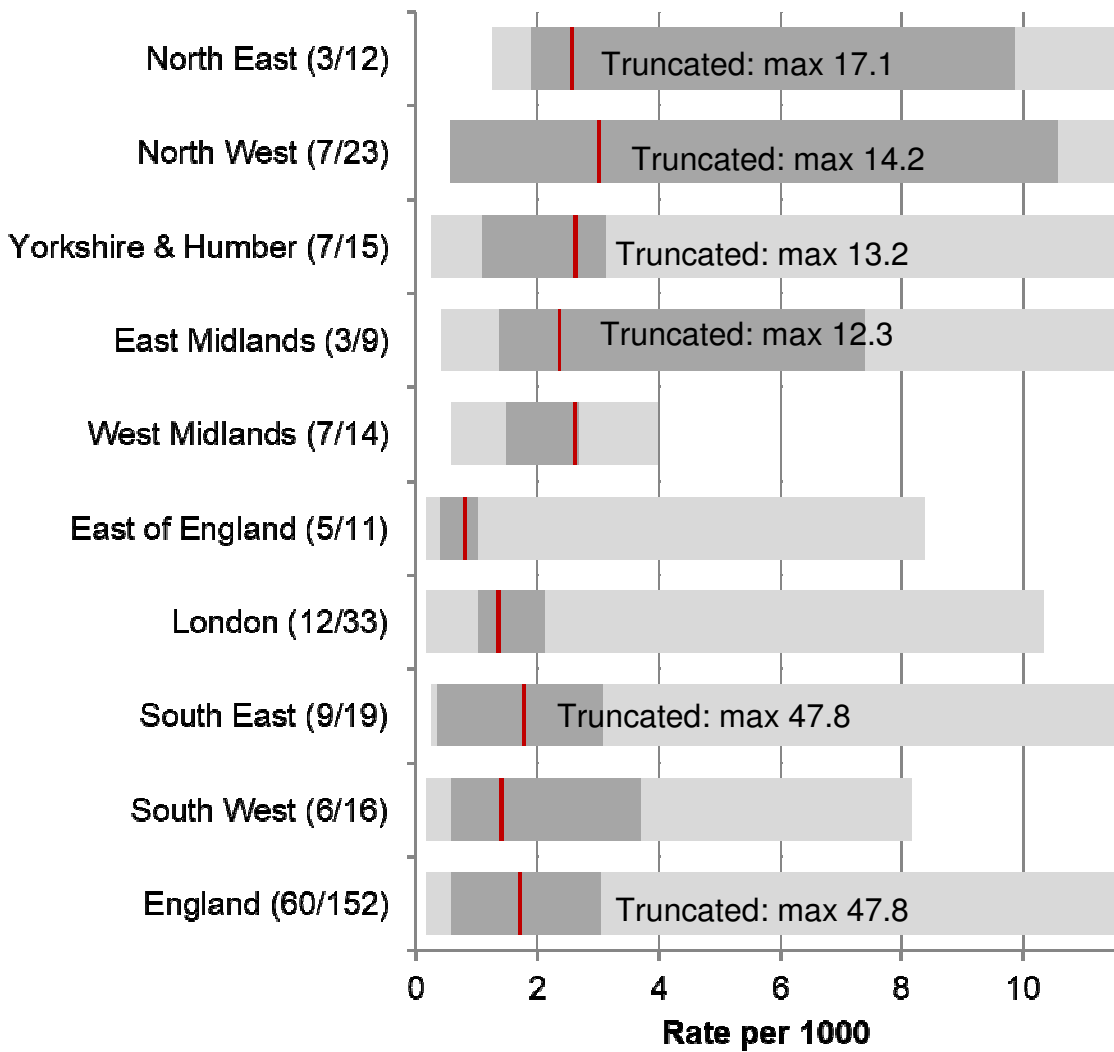
Figure 62: Rates of staff eligible for awareness training by region

Ratings:

Regions (formerly GORs)

UTLA

No response

Unusable response

Less than 0.5

0.5 to 1.1

1.2 to 2.4

2.5 to 4.3

Greater than 4.3

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Figure 63: Map showing rates of staff eligible for awareness training by local authority

Question18.03: If answering yes, what is the number of eligible staff who are up to date with training? (This question is new this year)

Local authorities were asked for the number of eligible staff who were up to date with training. The responses provided are displayed by region below as proportions of the number reported eligible in the question:

- the median reported proportion was 45.6%
- the East Midlands reported the highest median proportion: 60.4%
- the East of England reported the lowest median rate: 16.8%

Figure 64 shows the reported proportions by region and figure 65 shows a geographical representation of the reported proportions by local authority:
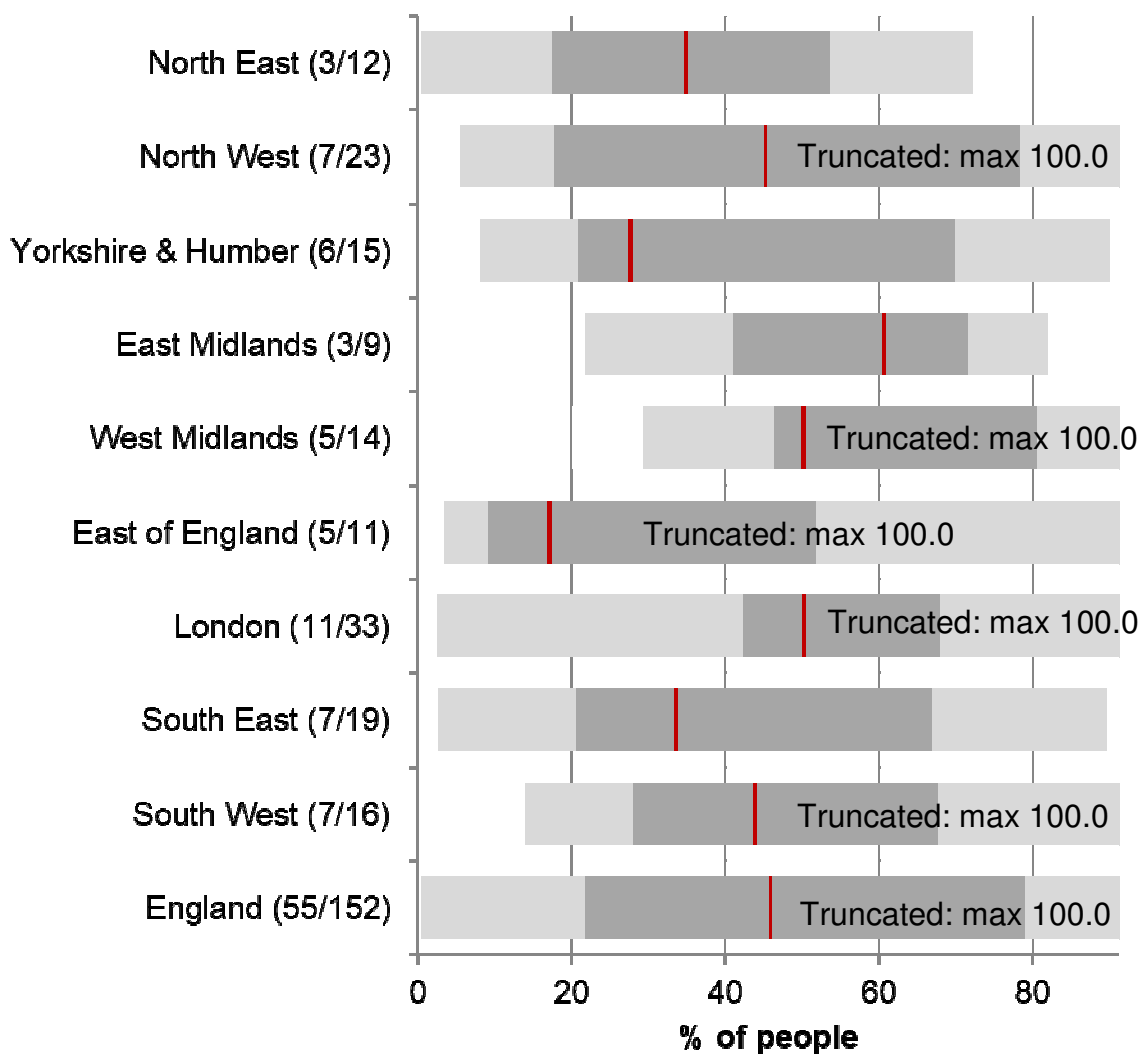
Figure 64: Percentage of eligible staff who are up-to-date with training by region

Ratings:

☐	Regions (formerly GORs)
☐	UTLA
■	No response
■	Unusable response
■	Less than 16.8%
■	16.8% to 34.6%
■	34.7% to 51.2%
■	51.3% to 81.6%
■	Greater than 81.6%

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Figure 65: Map showing the percentage of eligible staff who are up-to-date with training by local authority

Question19: Specify whether self-advocates with autism and/or family carers are included in the design of training and/or whether they have a role as trainers. If the latter specify whether face-to-face or on video/other recorded media. (This question is new this year)

Response	Local authorities
Yes	112 (74%)
No	32 (21%)
No response	8 (5%)

Figure 66 and figure 67 show that:
- overall, 74% responded 'yes' and 21% responded 'no'
- regionally, the highest proportions of 'yes' responses were recorded in East Midlands (100%)
- regionally, the highest proportions of 'no' responses were recorded in West Midlands (43%) and North East (33%)
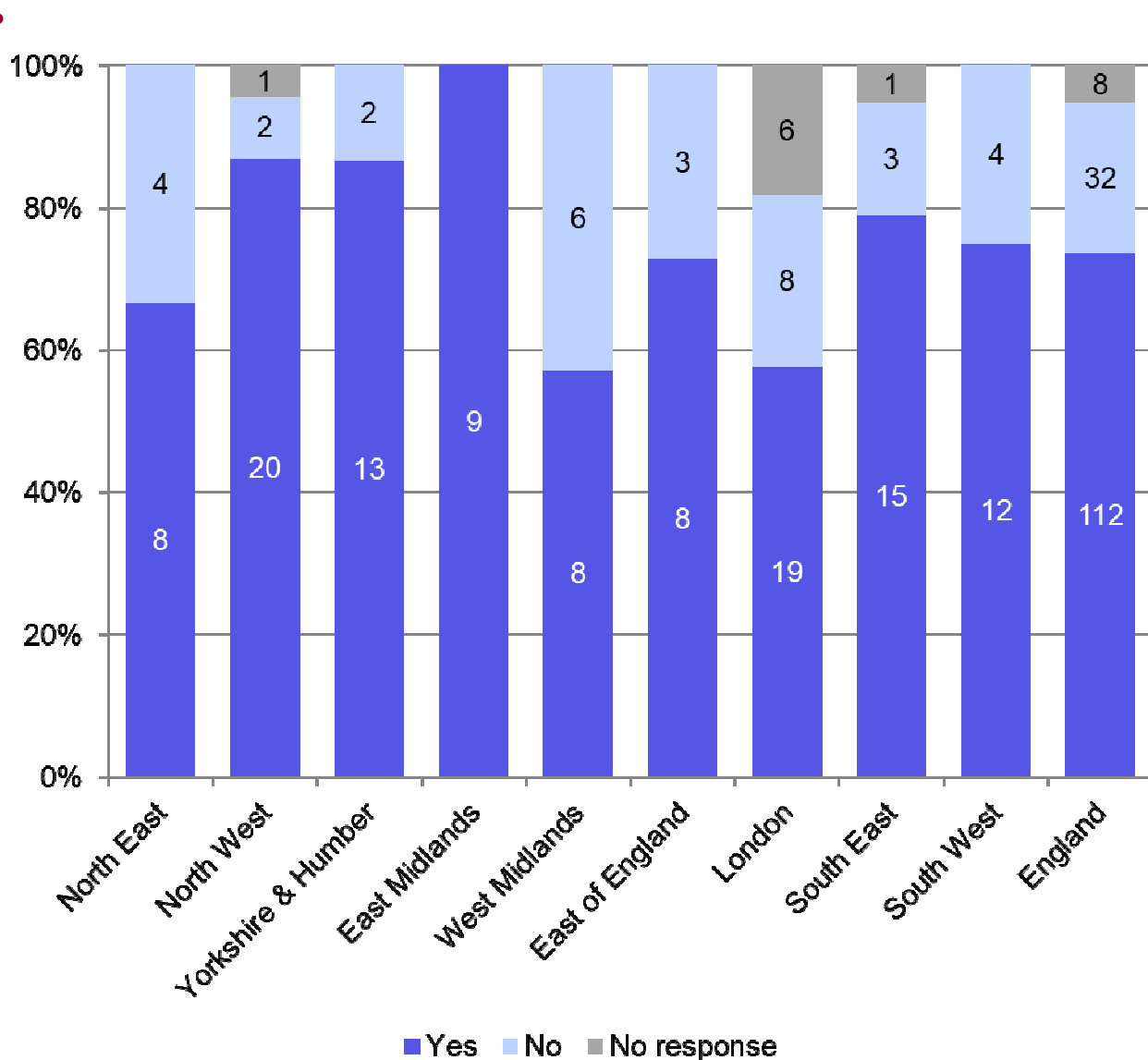
Figure 66: Local authorities' responses by region to "Specify whether self-advocates with autism and/or family carers are included in the design of training and/or whether they have a role as trainers"

Ratings:

☐	Regions (formerly GORs)
☐	UTLA
▨	No response
▨	Yes
▨	No

London Detail

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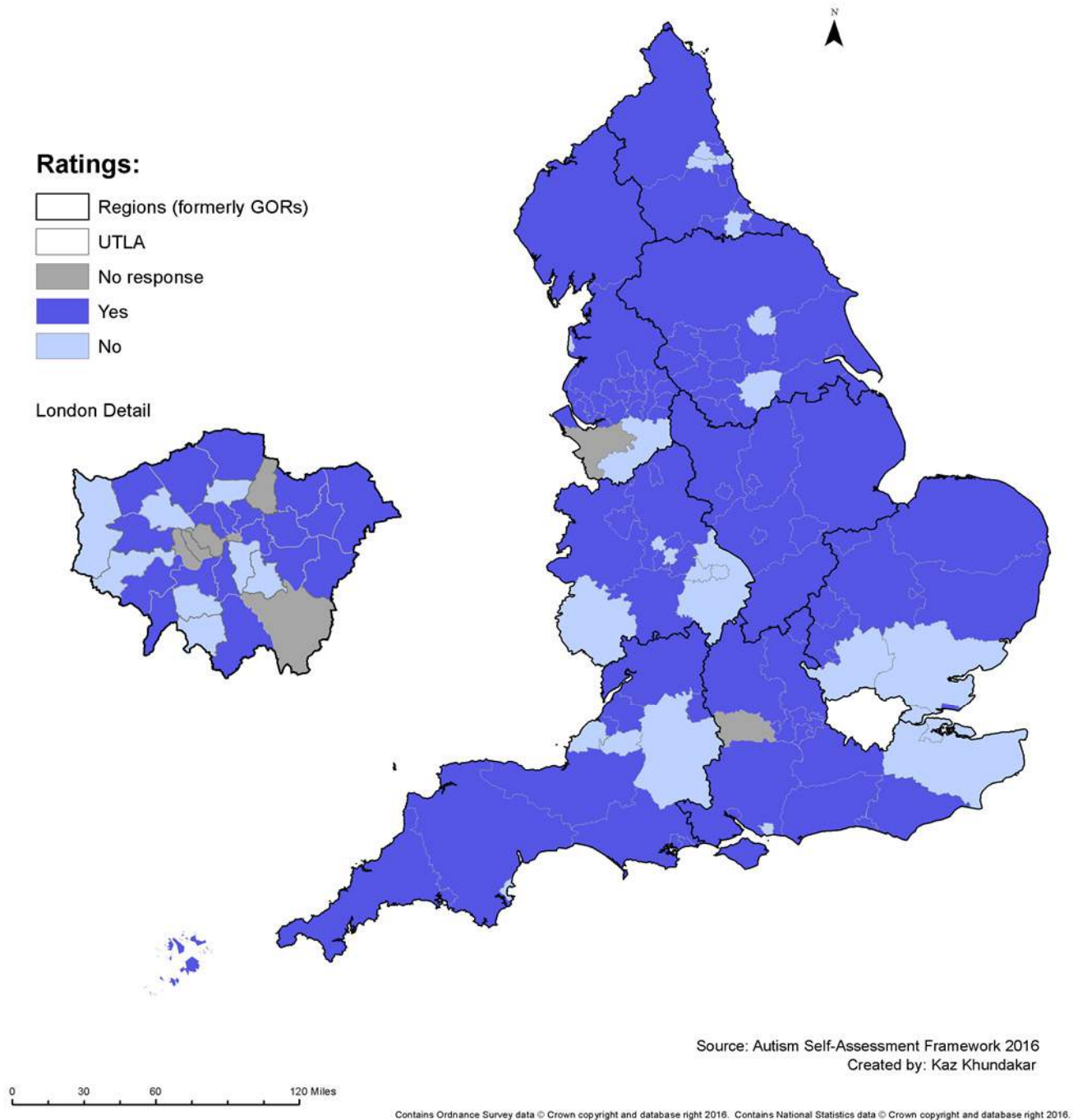
Figure 67: Map showing local authorities' responses to "Specify whether self-advocates with autism and/or family carers are included in the design of training and/or whether they have a role as trainers"

Question 20: Is specific training being/been provided to staff that carry out statutory assessments on how to make adjustments in their approach and communication? (This question is identical to 2013 and 2014).

Specific training is either not being offered or uptake by staff has not yet reached 50% of those for whom it is intended

At least 50% of assessors have attended specialist autism training

More than 75% of assessors have attended specialist autism training specifically aimed at applying the knowledge in their undertaking of a statutory assessment, e.g. applying the Care Act
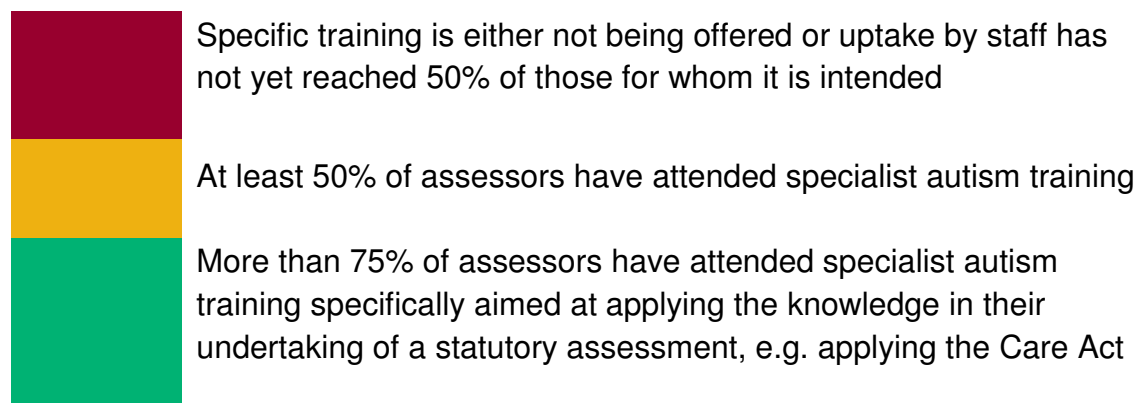
Response	Local authorities	Local authorities in 2014	Local authorities in 2013
Green	41 (27%)	38 (25%)	46 (30%)
Amber	63 (41%)	83 (55%)	76 (50%)
Red	40 (26%)	27 (18%)	30 (20%)
No response	8 (5%)	4 (3%)	0 (0%)

Figure 68 and figure 69 show that:
- overall, 27% of boards rated themselves as 'green', 41% rated themselves as 'amber' and 26% rated themselves as red
- regionally, the highest proportions of 'green' ratings were recorded in South East (42%) and South West (38%)
- regionally, the highest proportions of 'red' ratings were recorded in East Midlands (44%) and East of England (36%)
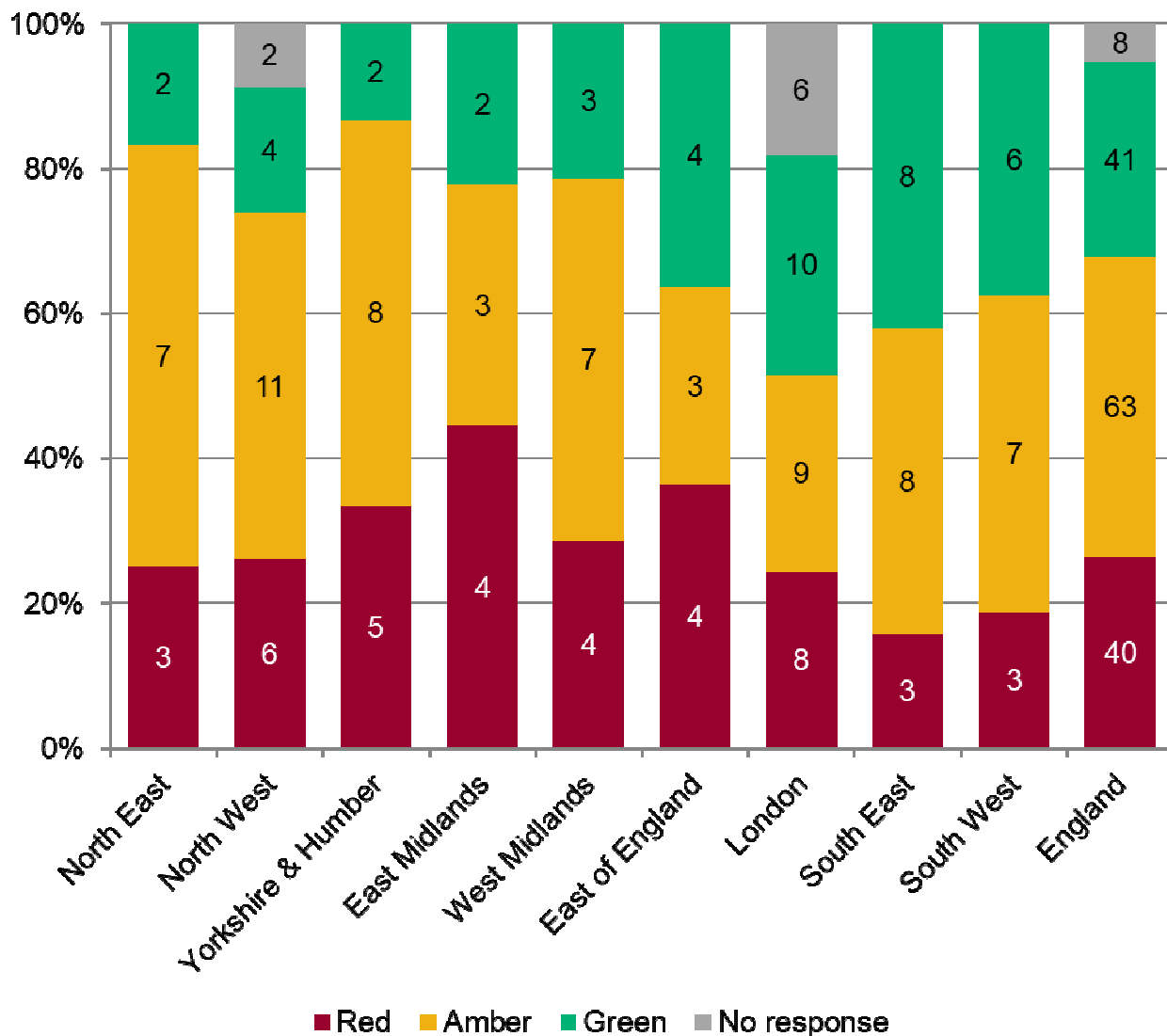
Figure 68: Local authorities' responses by region to "Is specific training being/been provided to staff that carry out statutory assessments on how to make adjustments in their approach and communication?"
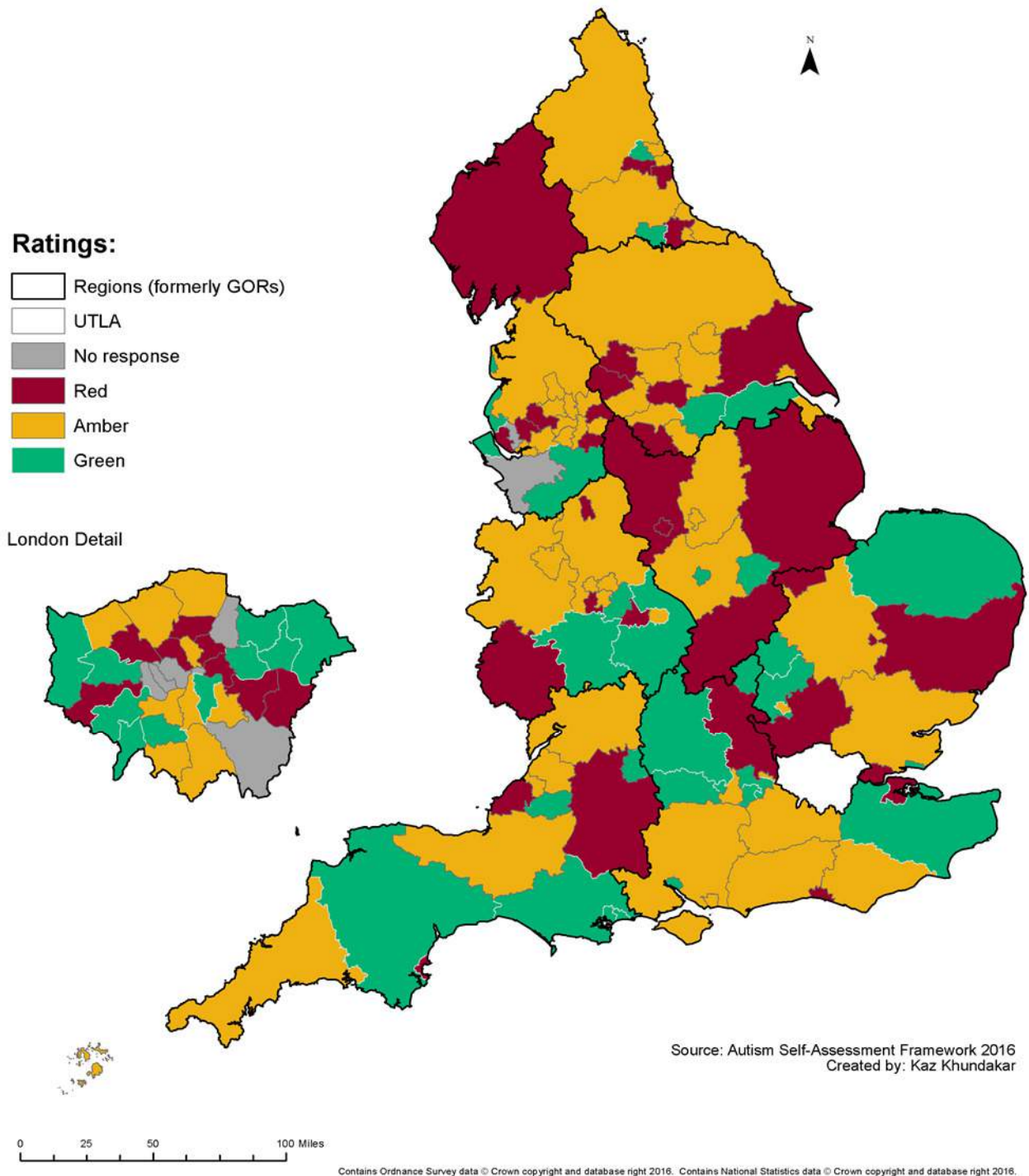
Figure 69: Map showing local authorities' responses to "Is specific training being/been provided to staff that carry out statutory assessments on how to make adjustments in their approach and communication?"

Question 21: Do you have specific training that focusses on adults with autism over the age of 65? (This question is new this year).

Response	Local authorities
Yes	17 (11%)
No	128 (84%)
No response	7 (5%)

Figure 70 and figure 71 show that:
- overall, 11% responded 'yes' and 84% responded 'no'
- regionally, the highest proportions of 'yes' responses were recorded in South West (25%) and North West (22%)
- regionally, the highest proportions of 'no' responses were recorded in Yorkshire & Humber (100%) and Yorkshire & Humber (100%)
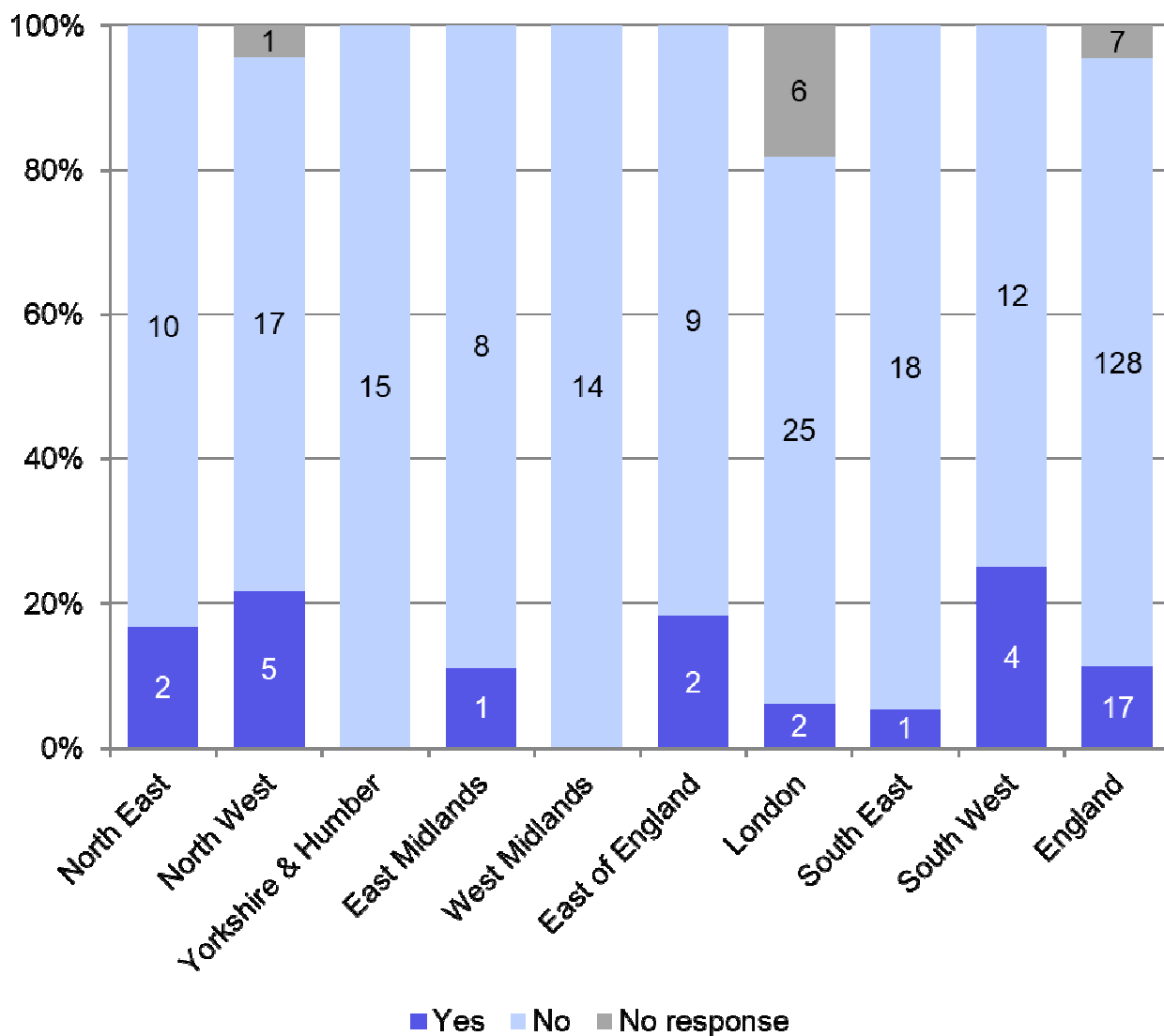
Figure 70: Local authorities' responses by region to "Do you have specific training that focusses on adults with autism over the age of 65?"
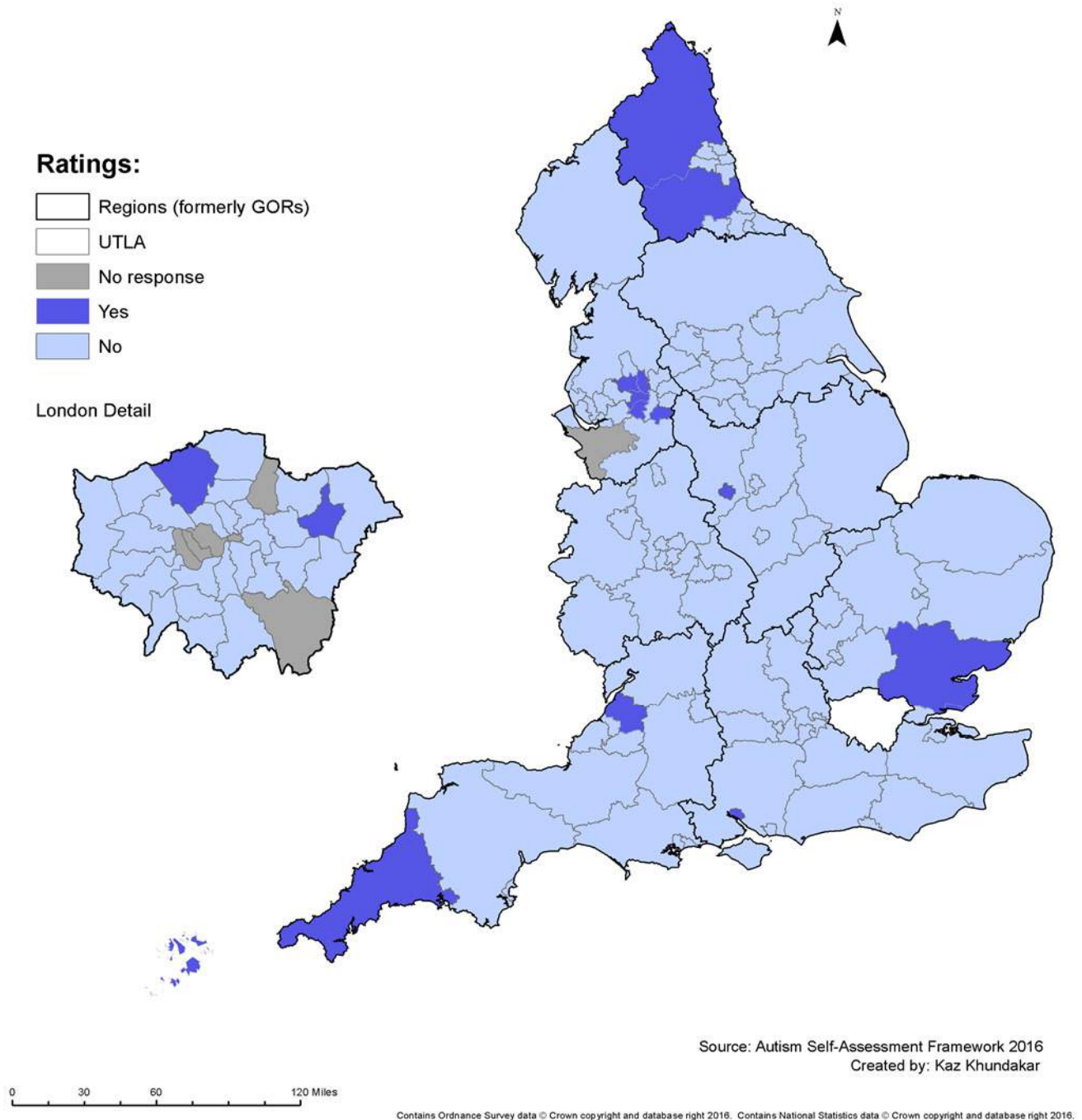
Figure 71: Map showing local authorities' responses to "Do you have specific training that focusses on adults with autism over the age of 65?"

Question 22: Do Clinical Commissioning Group(s) ensure that all primary and secondary healthcare providers include autism training (at levels outlined in the statutory guidance) as part of their ongoing workforce development? (This question is more precise than 2014).

Response	Local authorities	Local authorities in 2014
Yes	63 (41%)	60 (39%)
No	76 (50%)	86 (57%)
No response	13 (9%)	6 (4%)

Figure 72 and figure 73 show that:
- overall, 41% responded 'yes' and 50% responded 'no'
- regionally, the highest proportions of 'yes' responses were recorded in North East (92%) and East Midlands (67%)
- regionally, the highest proportions of 'no' responses were recorded in South East (68%) and West Midlands (64%)
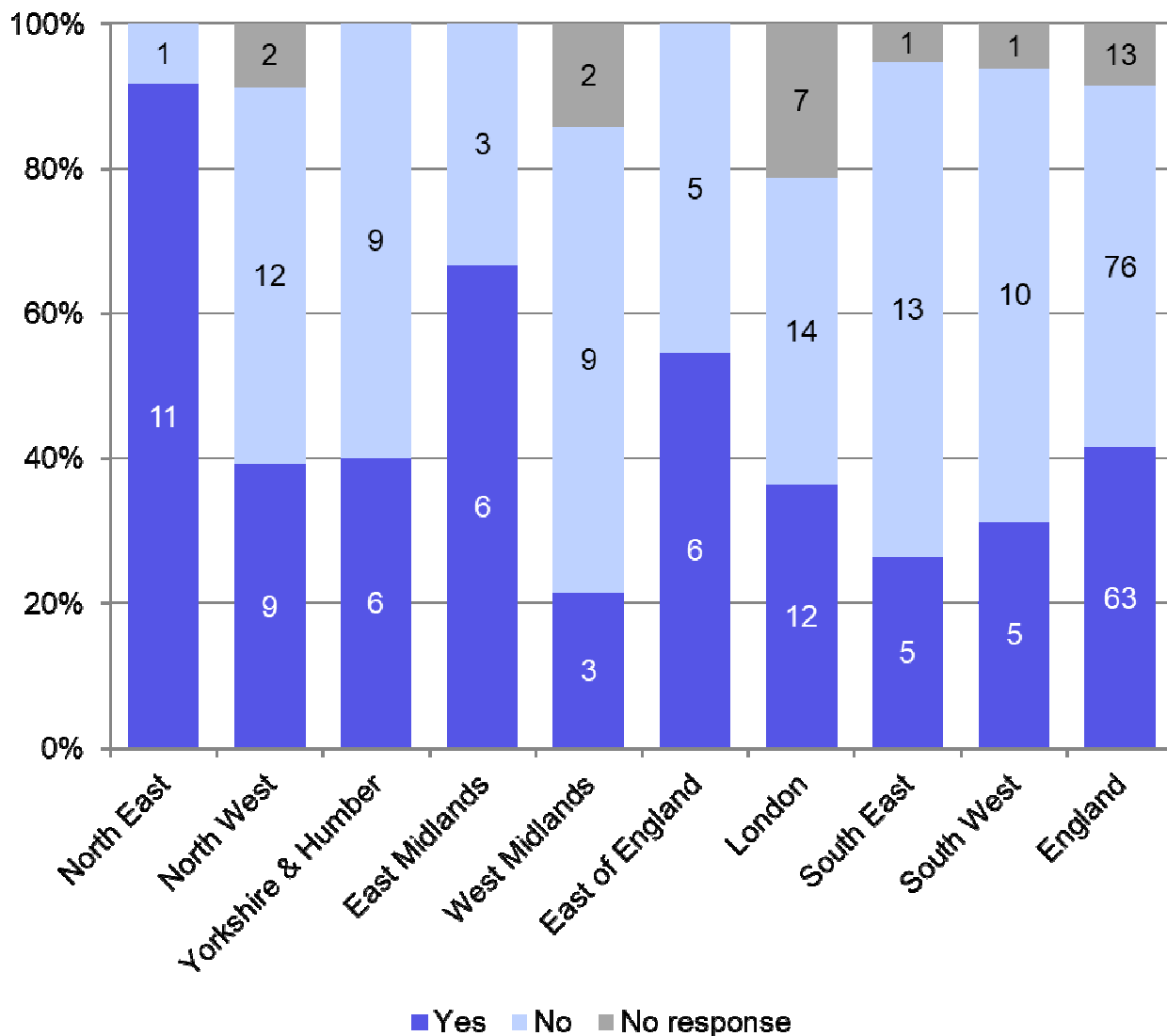
Figure 72: Local authorities' responses by region to "Do Clinical Commissioning Group(s) ensure that all primary and secondary healthcare providers include autism training (at levels outlined in the statutory guidance) as part of their ongoing workforce development?"
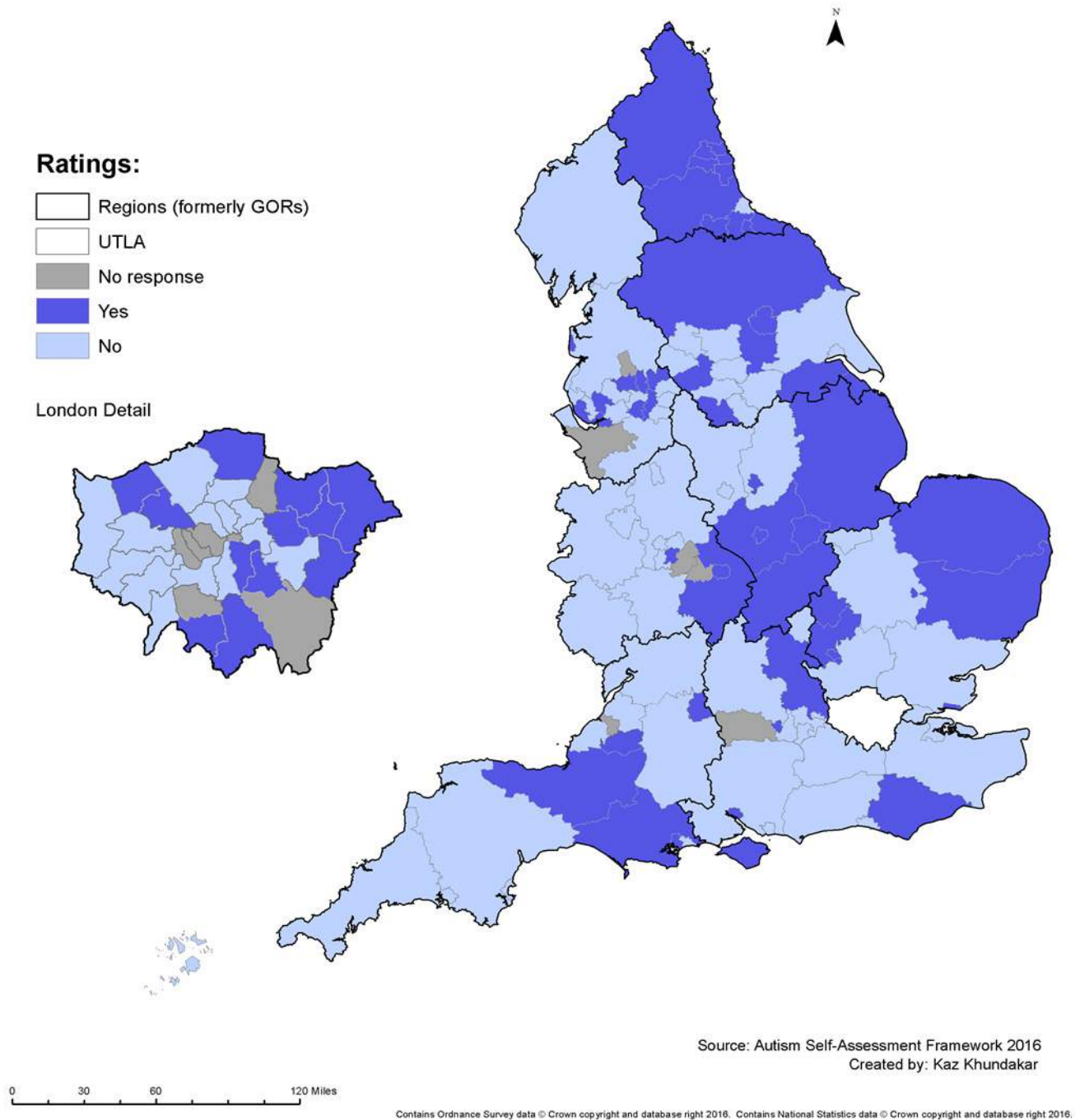
Figure 73: Map showing local authorities' responses to "Do Clinical Commissioning Group(s) ensure that all primary and secondary healthcare providers include autism training (at levels outlined in the statutory guidance) as part of their ongoing workforce development?"

Question 23: Criminal Justice services: Do staff in the local police service engage in autism awareness training? (This question is identical to 2014).

Response	Local authorities	Local authorities in 2014
Yes	117 (77%)	109 (72%)
No	25 (16%)	38 (25%)
No response	10 (7%)	5 (3%)

Figure 74 and figure 75 show that:
- overall, 77% responded 'yes' and 16% responded 'no'
- regionally, the highest proportions of 'yes' responses were recorded in East Midlands (100%)
- regionally, the highest proportions of 'no' responses were recorded in London (27%) and West Midlands (21%)
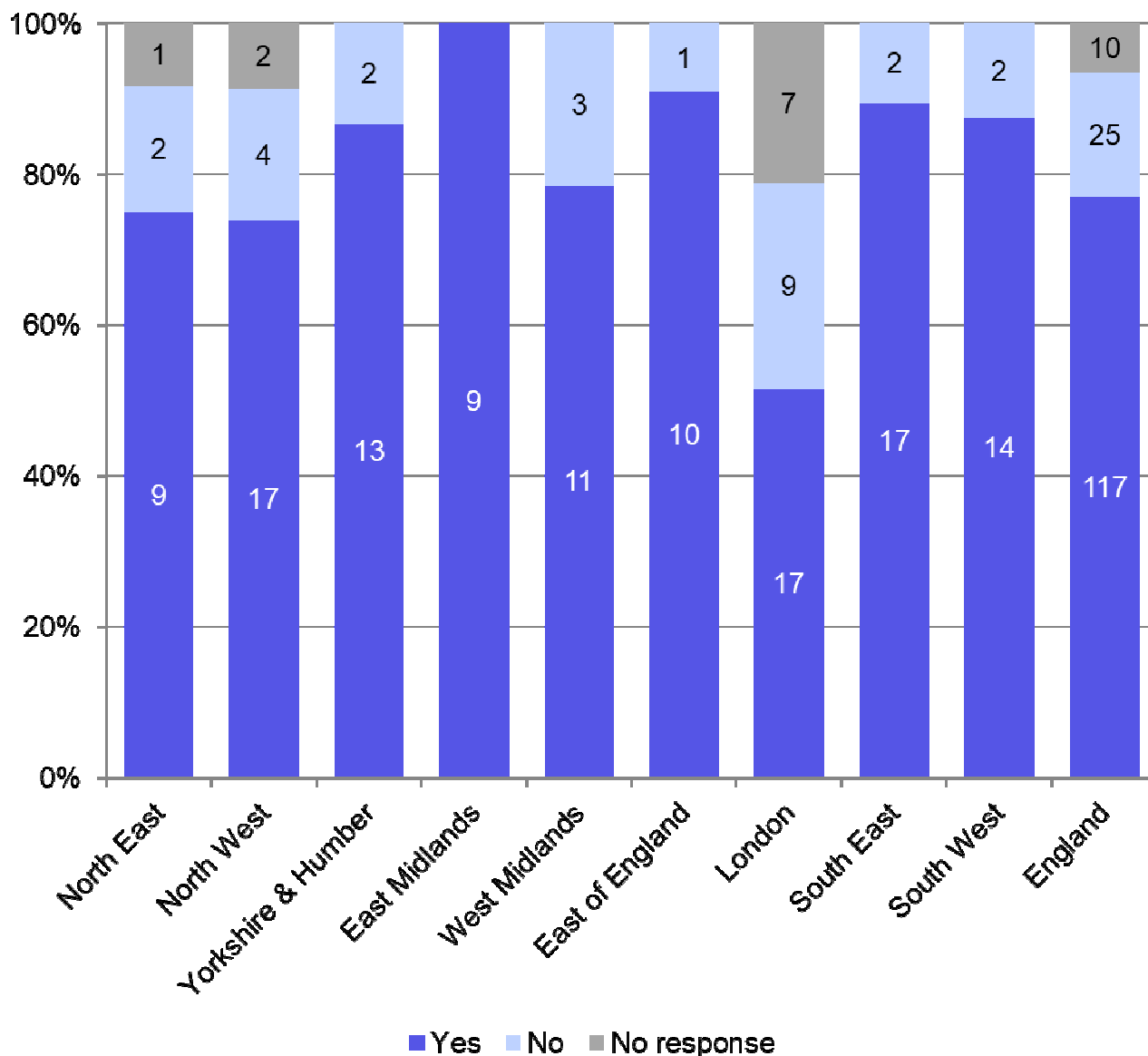
Figure 74: Local authorities' responses by region to "Criminal Justice services: Do staff in the local police service engage in autism awareness training?"
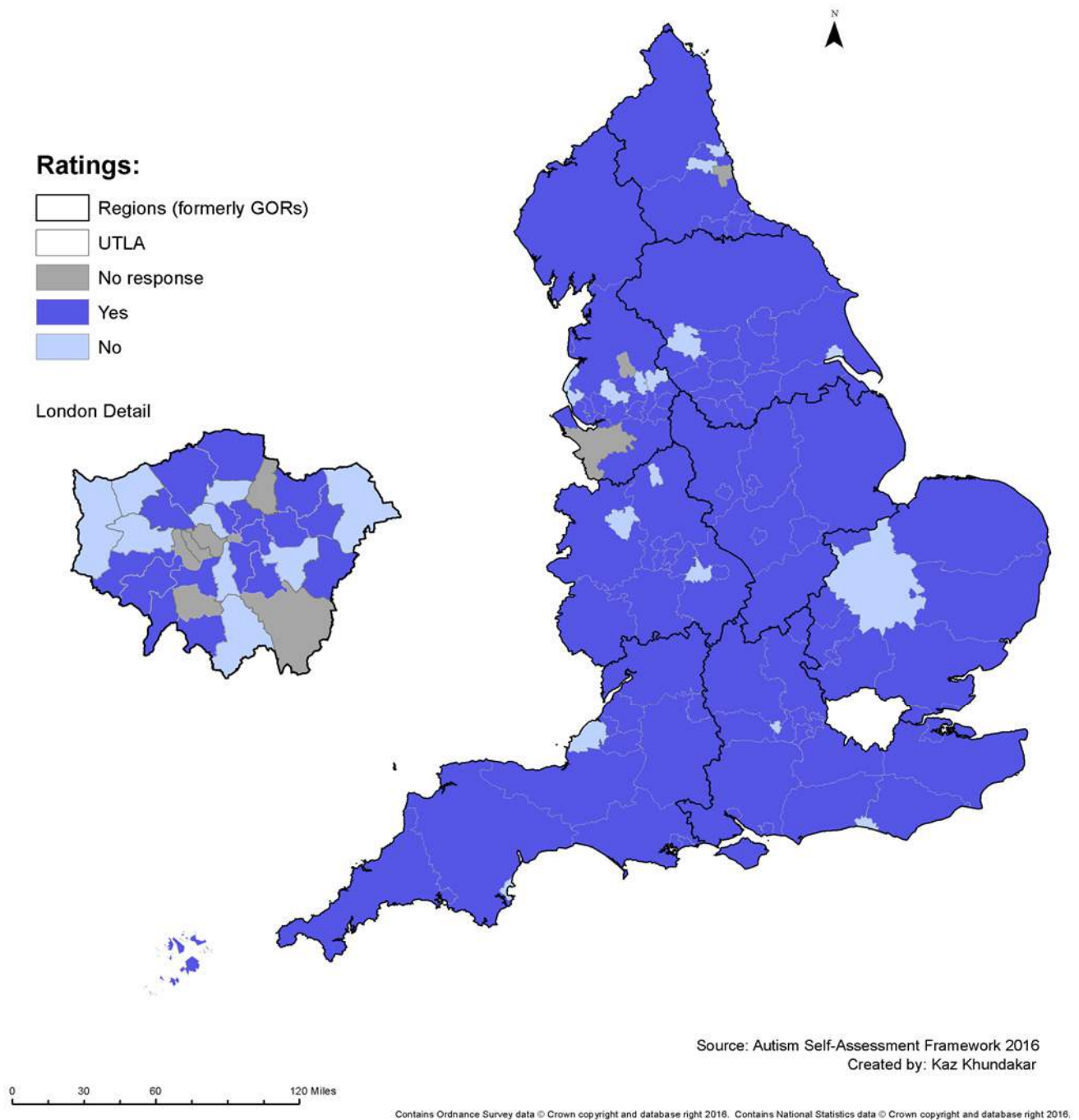
Figure 75: Map showing local authorities' responses to "Criminal Justice services: Do staff in the local police service engage in autism awareness training?"

Question 24: Criminal Justice services: Do staff in the local court services engage in autism awareness training? (This question is identical to 2014).

Response	Local authorities	Local authorities in 2014
Yes	49 (29%)	38 (22%)
No	69 (41%)	90 (53%)
Not applicable	16 (10%)	18 (11%)
No response	34 (20%)	24 (14%)

Figure 76 and figure 77 show that:
- overall, 32% responded 'yes' and 45% responded 'no'
- regionally, the highest proportions of 'yes' responses were recorded in South East (53%) and South West (50%)
- regionally, the highest proportions of 'no' responses were recorded in North West (61%) and East Midlands (56%)
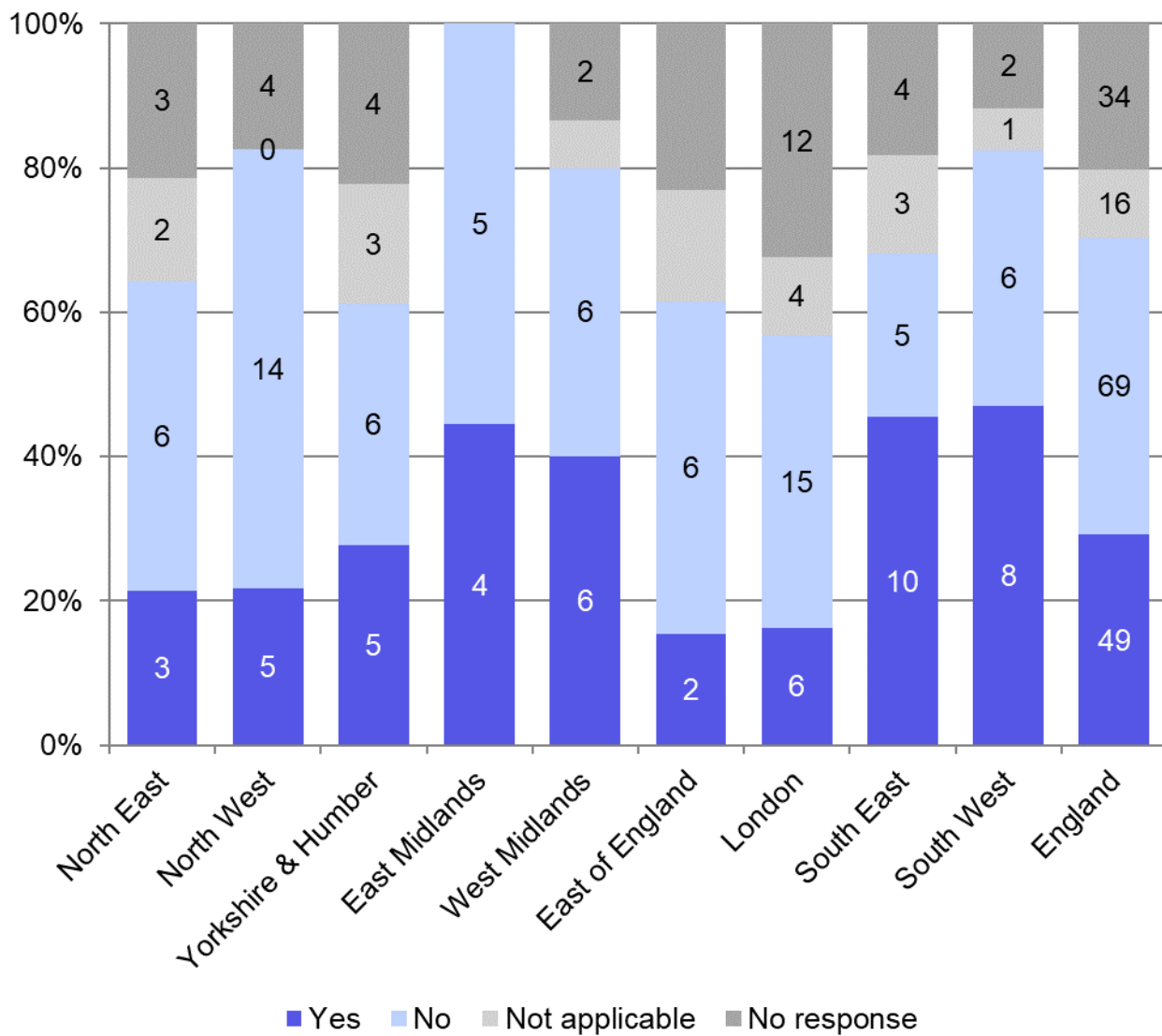
Figure 76: Local authorities' responses by region to "Criminal Justice services: Do staff in the local court services engage in autism awareness training?"

Ratings:

☐	Regions (formerly GORs)
☐	UTLA
▨	No response
▨	Yes
▨	No
▨	Not applicable

London Detail

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0   30   60   120 Miles

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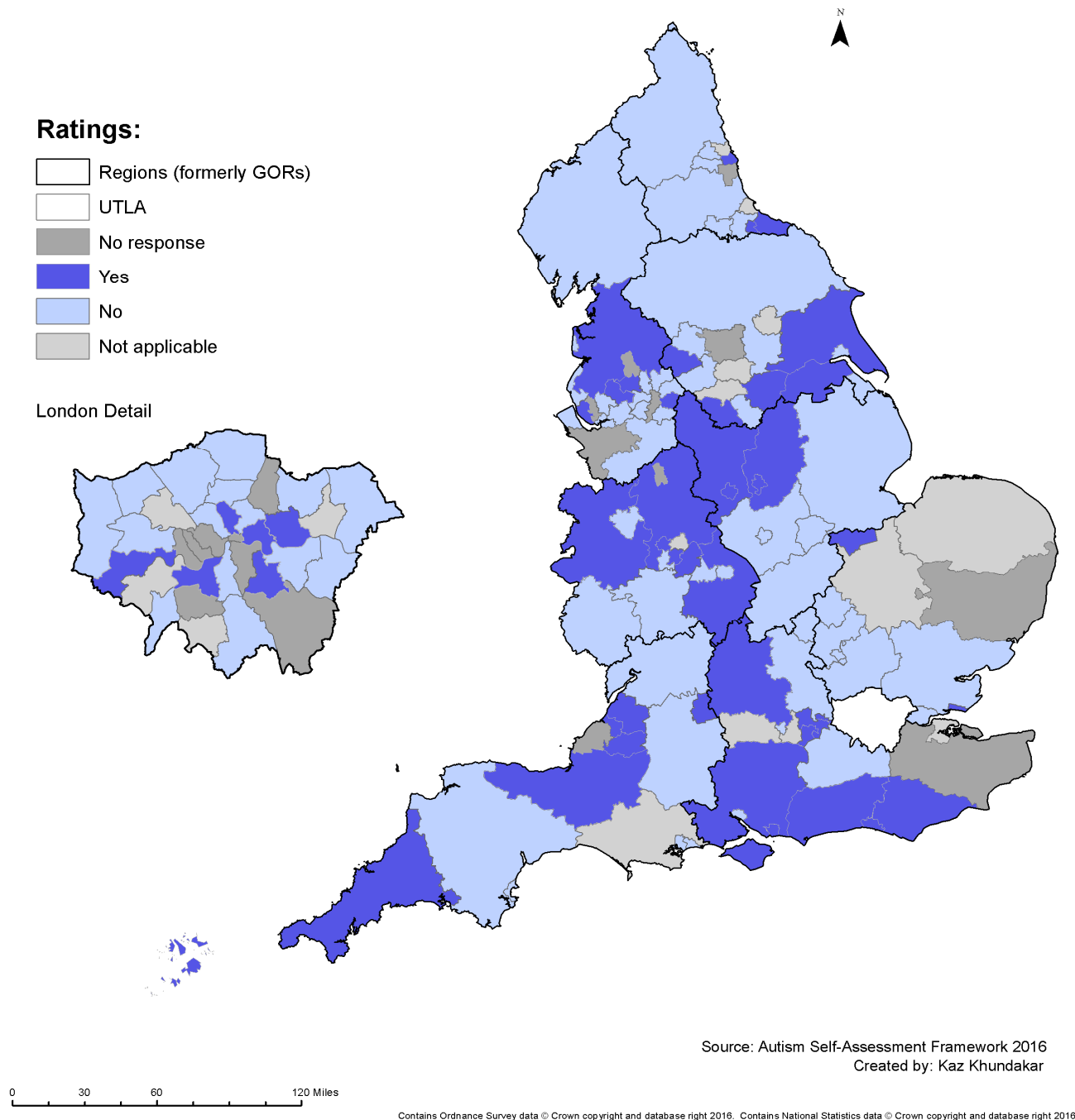
Figure 77: Map showing local authorities' responses to "Criminal Justice services: Do staff in the local court services engage in autism awareness training?"

Question 25: Criminal Justice services: Do staff in the local probation service engage in autism awareness training? (This question is identical to 2014).

Response	Local authorities	Local authorities in 2014
Yes	70 (46%)	69 (45%)
No	67 (44%)	76 (50%)
No response	15 (10%)	7 (5%)

Figure 78 and figure 79 show that:
- overall, 46% responded 'yes' and 44% responded 'no'
- regionally, the highest proportions of 'yes' responses were recorded in South West (75%)
- regionally, the highest proportions of 'no' responses were recorded in East Midlands (78%) and East of England (55%)
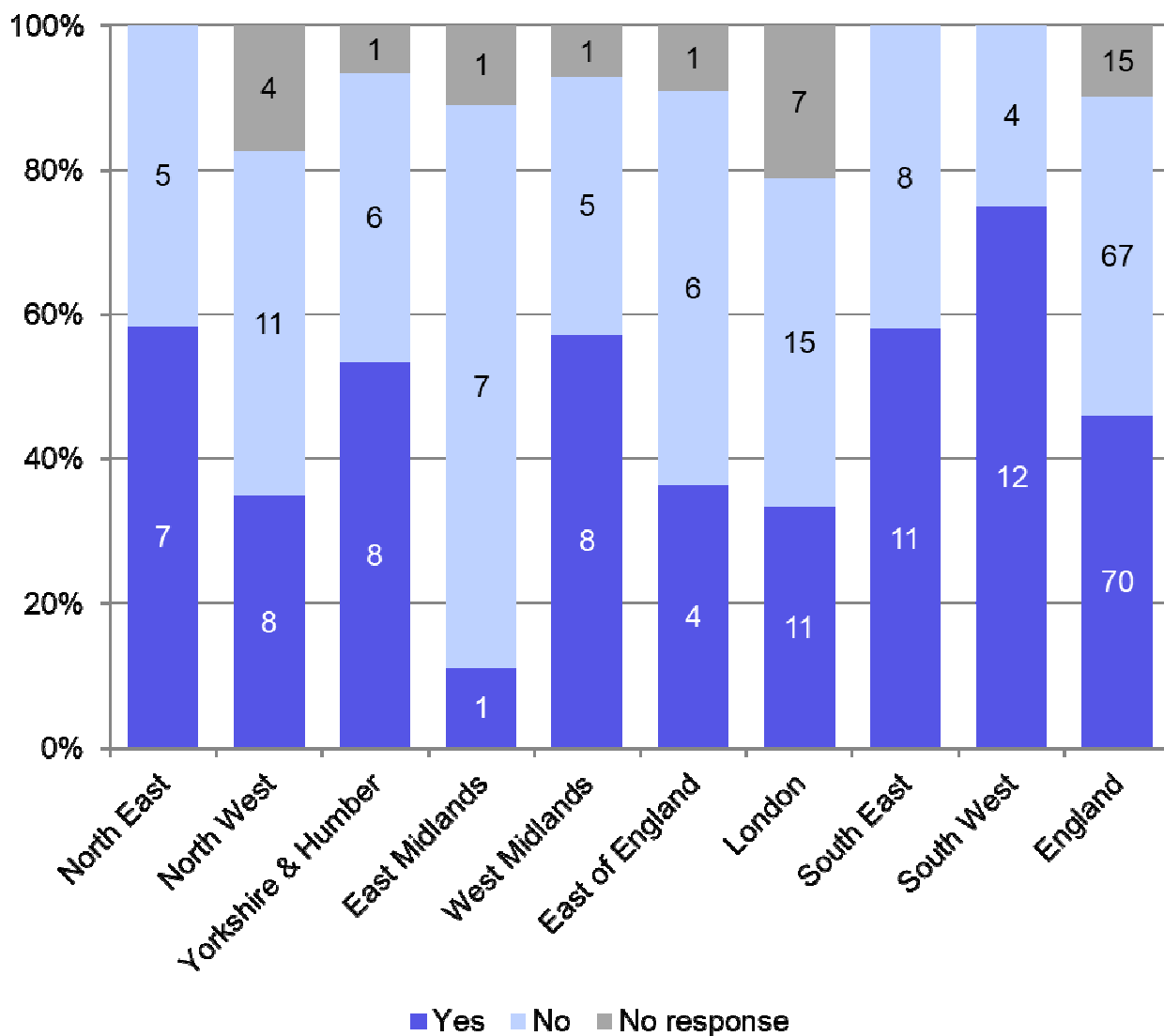
Figure 78: Local authorities' responses by region to "Criminal Justice services: Do staff in the local probation service engage in autism awareness training?"

Ratings:

Regions (formerly GORs)

UTLA

No response

Yes

No

London Detail

Source: Autism Self-Assessment Framework 2016
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0   30   60   120 Miles

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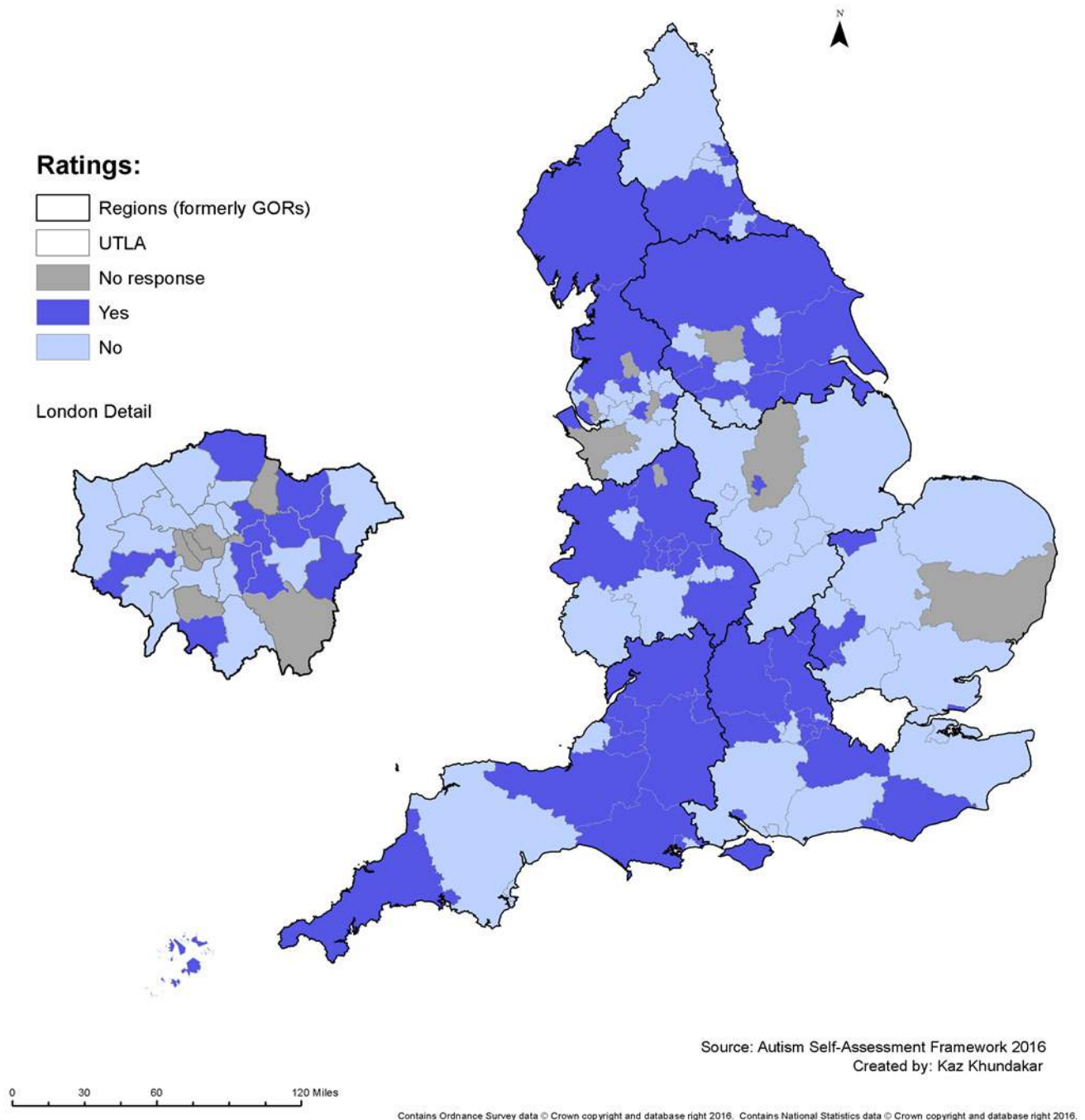
Figure 79: Map showing local authorities' responses to "Criminal Justice services: Do staff in the local probation service engage in autism awareness training?"
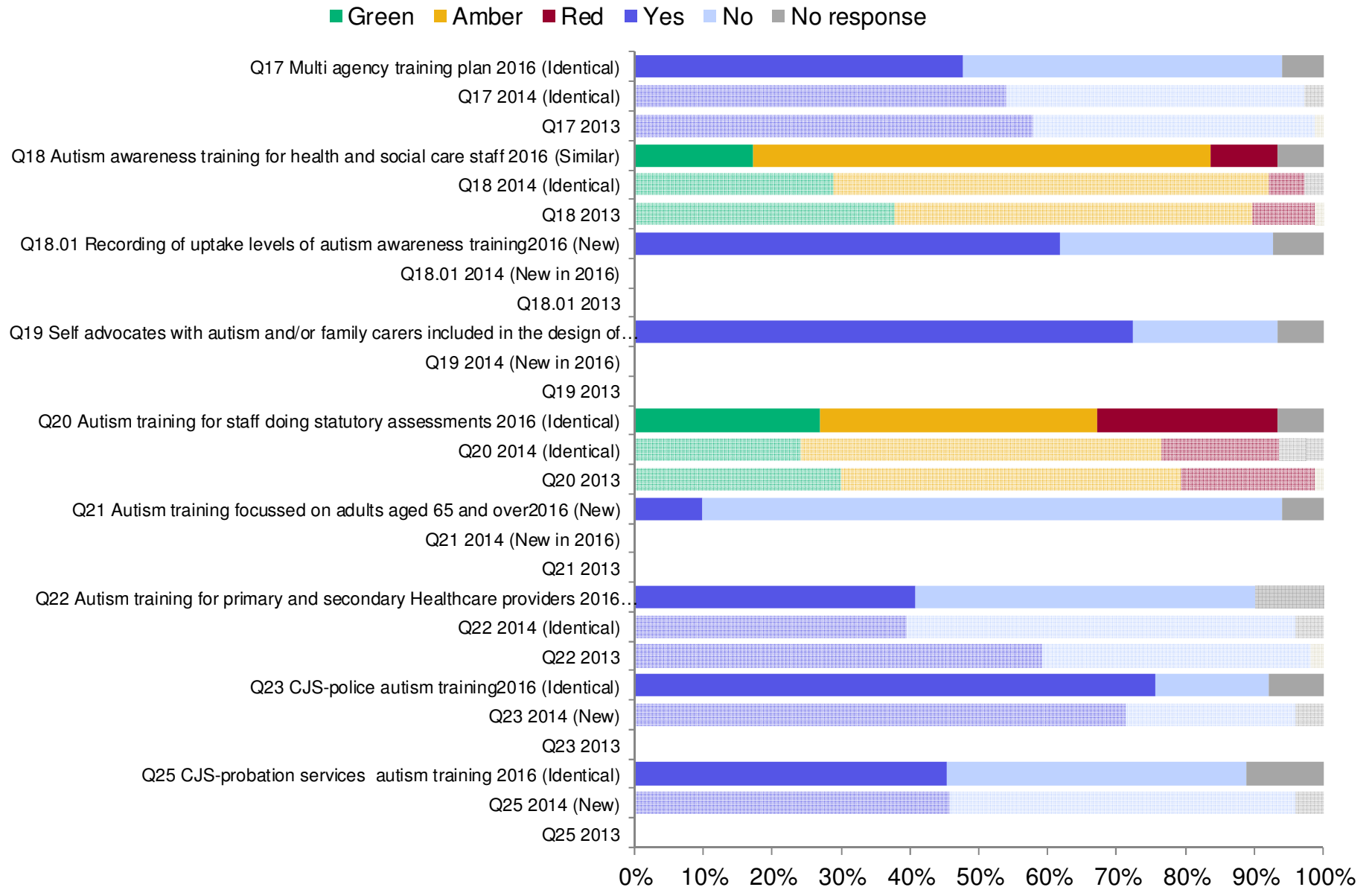
Figure 80: Three-year (2013, 2014 and 2016) comparison of proportions of ratings by local authorities for the questions in the Planning section

Diagnosis led by the local NHS Commissioner

Background

For many people with autism and their families and carers, having a clear clinical diagnosis of autism is an important step towards leading a fulfilling and rewarding life. A diagnosis can help people understand their own and family members' behaviour and responses and enable the diagnosed person to access services and support if this is appropriate. However, the strategy emphasised that a diagnosis is not an end in itself, but should be part of an integrated process. The first Autism Strategy and accompanying statutory guidance made several recommendations about this process including appointing a lead professional to oversee the process, establishing a clear pathway, making automatic offers of statutory social care needs assessments and providing easily accessible information about the pathway.

A clear and trusted diagnostic pathway available locally was one of the service ambitions identified in the first self-assessment exercise in 2011. At that stage only 17% of authorities reported that a clear pathway was in place. A further 62% reported that they had a plan in place). Forty six per cent reported that their local arrangements included the diagnosing professional telling individuals with a new diagnosis that they were entitled to a statutory assessment of their social care needs.

The continuing importance of this issue was identified in 'Think Autism'. Priority Challenge 7 stated: "I want a timely diagnosis from a trained professional. I want relevant information and support throughout the diagnostic process."

Findings

Seventy nine (52%) local authorities gave themselves the highest (green) rating for their establishment of a local diagnostic pathway. One hundred and two (67%) reported there was a specialist autism specific service. Sixty nine (45%) reported that diagnosis triggered an automatic offer of a CCA. Only 33 (22%) of local authorities reported having met the National Institute for Health and Care Excellence (NICE) recommended waiting times (QS51).

In many areas, access to post-diagnostic assessments differed between people with autism who also had learning disabilities and those who did not. A higher proportion of local authorities rated themselves 'green' for access to post-diagnostic psychology, speech and language therapy, and occupational therapy assessments for people with a learning disability than for those without (49%, 49% and 49% respectively vs 16%; 12% and 11%).

Ten (7%) areas rated themselves green for provision of crisis services able to anticipate and provide for the crisis needs of people with autism but without a learning disability.

Performance declined in the following areas compared to 2014:
- establishment of a local autism diagnostic pathway (down 3%)
- diagnosis of autism automatically triggers an offer of care assessment (down 9%)

This year, the national reported median waiting time was 16 weeks compared with last year's median waiting time of 13 weeks. The national reported median rate for the number of people referred for an assessment but yet to receive a diagnosis was 7.8 per 100,000.

Data for question 28 (In the year to the end of March 2016, how many people were referred out of area for diagnosis, despite a local diagnostic pathway being in place?) was excluded due to low numbers.

Question 26: Have you got an established local autism diagnostic pathway? (This question is identical to 2014)

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

Local diagnosis pathway established or in process of implementation/sign-off but unclear referral route. A transparent but out of locality diagnostic pathway is in place. Some NICE guidelines are being applied

A local diagnostic pathway is in place and accessible, GPs are aware and involved in the process. Wait from referral for a diagnosis and initial assessment is less than three months NICE guidelines are implemented within the model

Response	Local authorities	Local authorities in 2014
Green	79 (52%)	83 (55%)
Amber	63 (41%)	63 (41%)
Red	3 (2%)	3 (2%)
No response	7 (5%)	3 (2%)

Figure 81 and 82 show that:
- overall, 52% of boards rated themselves as 'green', 41% rated themselves as 'amber' and 2% rated themselves as 'red'
- regionally, the highest proportions of 'green' ratings were recorded in East Midlands (67%) and South East (63%)
- in three regions (South East, North West and London) a single authority rated, themselves 'red'
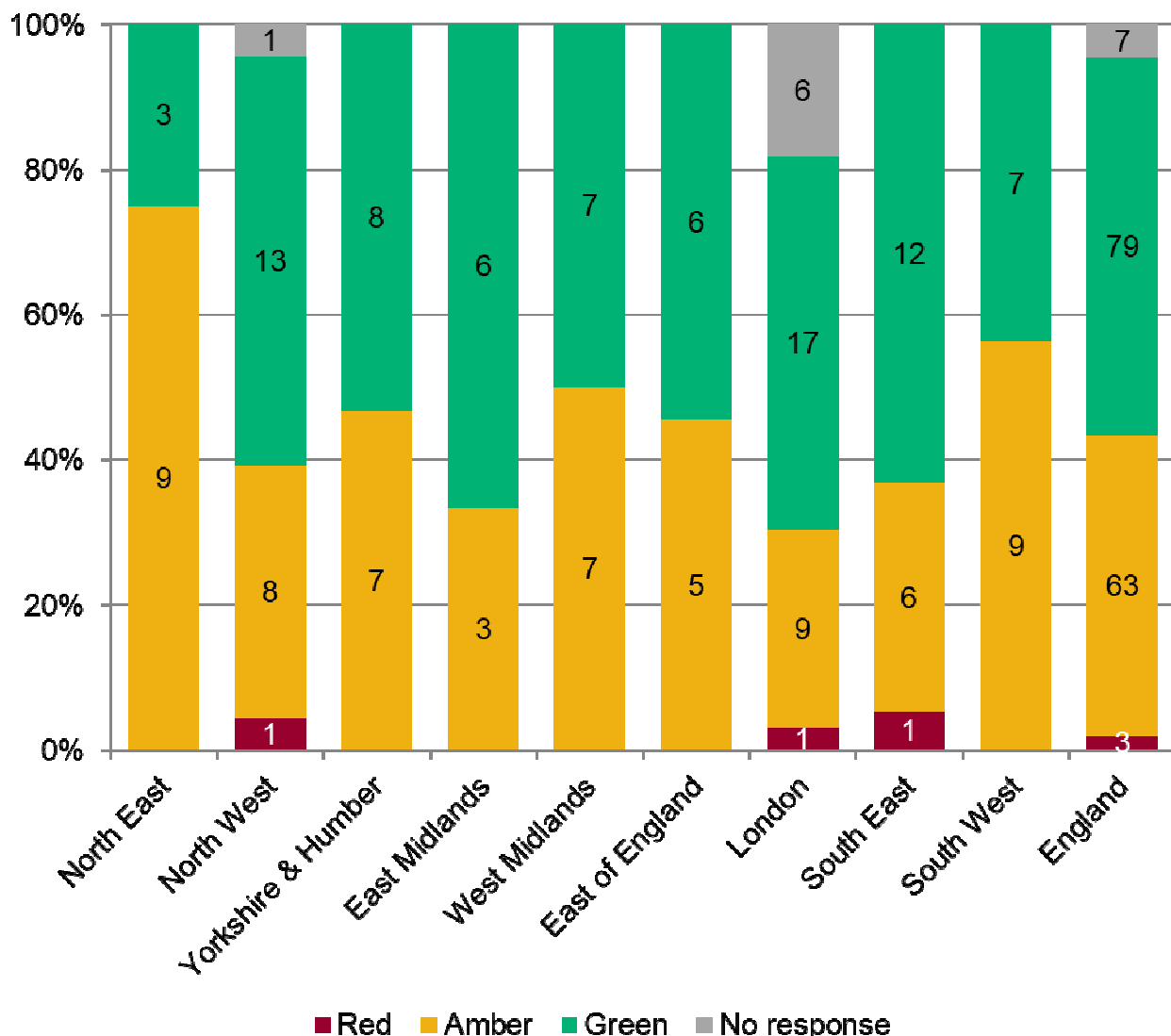
Figure 81: Local authorities' responses by region to "Have you got an established local autism diagnostic pathway?"

Ratings:

☐	Regions (formerly GORs)
☐	UTLA
☐	No response
■	Red
■	Amber
■	Green

London Detail

Source: Autism Self-Assessment Framework 2016
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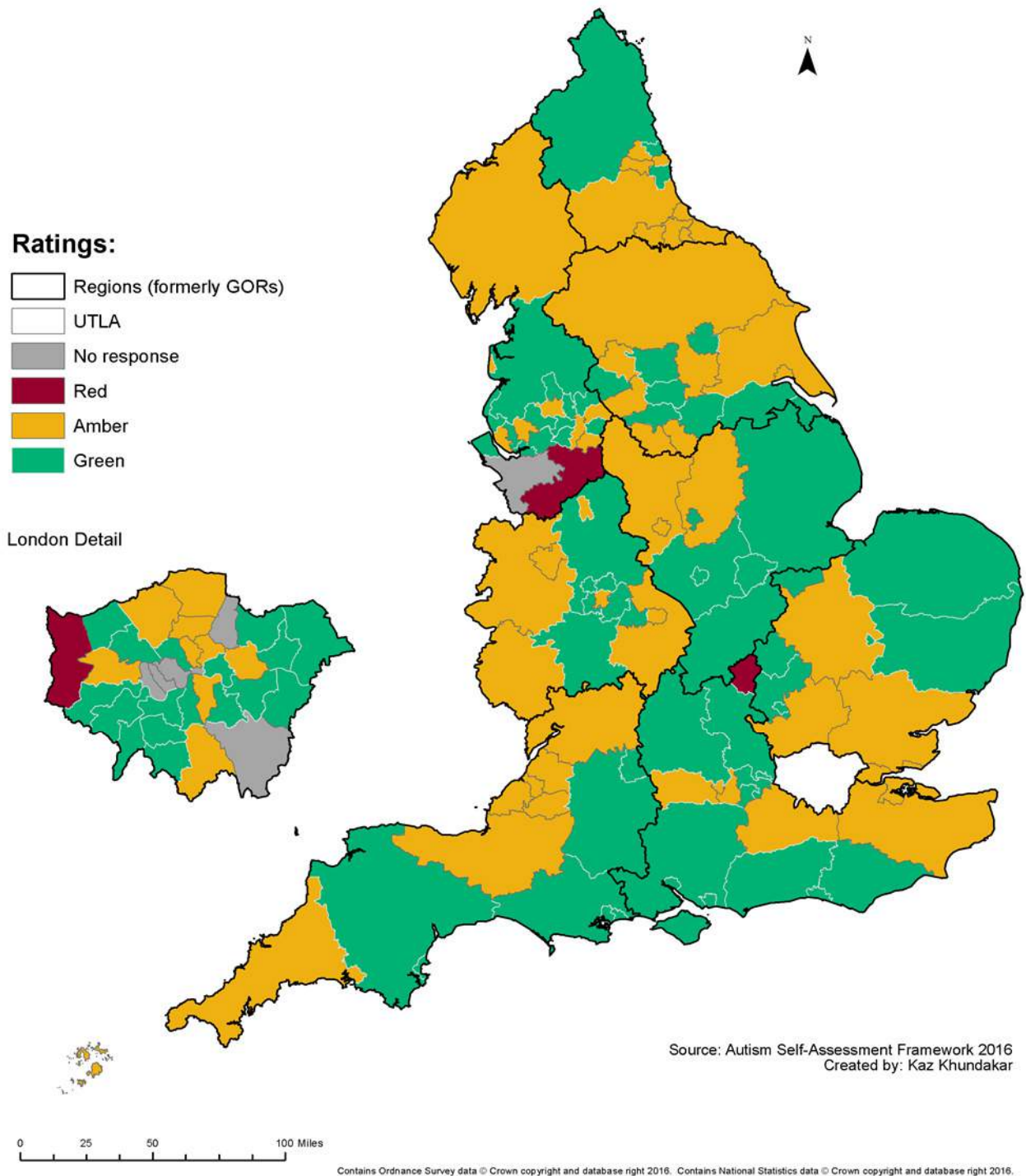
Figure 82: Map showing local authorities' responses to "Have you got an established local autism diagnostic pathway?"

Thematic analysis

One hundred and forty five localities provided a rating, with 141 localities providing a comment. The self-rated assessment indicators for this question were:

- 3 self-rated red (3 with comments)
- 63 self-rated amber (60 with comments)
- 79 self-rated green (78 with comments)

Amongst localities that specified who their pathway was for, 36 (16 self-rated amber, 20 self-rated green) highlighted that their pathway was one pathway for all, and 39

> Amber: Torbay: "For diagnosis via DANA is green with exception of a three-month wait time."

(1 self-rated red, 14 self-rated amber, 24 self-rated green) indicated that there were separate pathways for people with potential autism and learning disabilities and those without learning disabilities. There were no significant differences in ratings between these two groups. Thirty three areas (8 self-rated amber, 25 self-rated green) noted that they had a pathway but gave no further details. This is broadly similar to the results from 2014 when 39 areas noted they had separate pathways, and 39 had one pathway for all.

Seven areas (4 self-rated amber, 3 self-rated green) noted that their pathway was only for people without learning disabilities, whereas 2 other authorities (1 self-rated red, 1 self-rated amber) noted that their pathway was only for people with learning disabilities. One (amber) noted that they only conduct an assessment if the individual also has mental health problems, and two localities (both self-rated amber) stated that after the initial assessment diagnosis only takes place if there is a clinical need.

The existence of a child pathway was noted by 6 localities (3 self-rated amber, 3 self-rated green), a further two local authorities noted that they only have a child pathway in place (both self-rated amber).

> Green: Southampton "The pathway is inclusive of anyone who is not eligible for assessment through the learning disability services. A GP tutorial is in use by local GP's (the majority of referrals are directly from GP's). The assessment process follows NICE guidelines e.g. it is a multi-disciplinary assessment and screening tools are used. The waiting time from the point of referral to the start of assessment process is within the 3 month target."

With regard to waiting times, 18 localities (11 self-rated red, 7 self-rated green) noted that their waiting time exceeded 3 months See text box for example.

Eight areas (1 self-rated red, 7 self-rated green) noted that their waiting times were less than 3 months for initial assessment. Twenty nine local authorities (1 self-rated red, 12 self-rated

amber, 16 self-rated green) highlighted that GPs were involved in the pathway. Some indicated that GPs were aware of the pathway or were able to refer into the pathway.

Twenty five localities (2 self-rated red, 17 self-rated amber, 6 self-rated green) noted that their pathway, or at least some element of their pathway, was in development. This included their current pathway being a pilot, changes being due to be implemented, or the pathway being in the process of implementation.

The availability of post-diagnostic support was highlighted by 8 areas (3 self-rated amber, 5 self-rated green): this included signposting to support groups, counselling sessions, or follow-up appointments.

Question 27: If you have got an established local autism diagnostic pathway, when was the pathway put in place? (This question is identical to 2013 and 2014)

One hundred and eight partnership boards reported a diagnostic pathway had been established on a date before 17 October 2016. An additional 25 boards reported the pathway had been established after this date.

Responses, when compared to the previous self-assessment framework show there was a drop in the number of 'no responses' from 24 (16%) in 2014, to 19 (13%) in 2016. A total of 18 (12%) local authorities put their diagnosis pathways in place in the year following 1 Oct 2015.

Dates of pathways being established have been plotted geographically in figure 83.

Time since local autism diagnosis pathway introduced	Local authorities	Local authorities in 2014	Local authorities in 2013
Less than 6 months	7 (5%)	9 (6%)	13 (9%)
Between 6 and 12 months	11 (7%)	14 (9%)	25 (16%)
Between 12 and 18 months	16 (11%)	13 (9%)	8 (5%)
Between 18 and 24 months	24 (16%)	25 (16%)	19 (13%)
Between 24 and 30 months	7 (5%)	6 (4%)	10 (7%)
Between 30 and 36 months	10 (7%)	16 (11%)	7 (5%)
3 or more years	33 (22%)	36 (24%)	18 (12%)
No response	19 (13%)	24 (16%)	36 (24%)
Unusable information or future date given	25 (16%)	9 (6%)	16 (11%)

Ratings:

- Regions (formerly GORs)
- UTLA
- No response
- Future date given
- Less than 6 months
- Between 6 and 12 months
- Between 12 and 18 months
- Between 18 and 24 months
- Between 24 and 30 months
- Between 30 and 36 months
- 3 or more years

London Detail

Source: Autism Self-Assessment Framework 2016
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0   25   50   100 Miles

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Figure 83: Map showing local authorities' responses to "If you have got an established local autism diagnostic pathway, when was the pathway put in place?"

Question 29: In weeks, how long is the average wait between referral and assessment? (This question is identical to 2014)

The responses provided are displayed by region below:
- the median number of weeks reported were 16
- the South East reported the highest median weeks: 27
- the West Midlands reported the lowest median weeks: 9
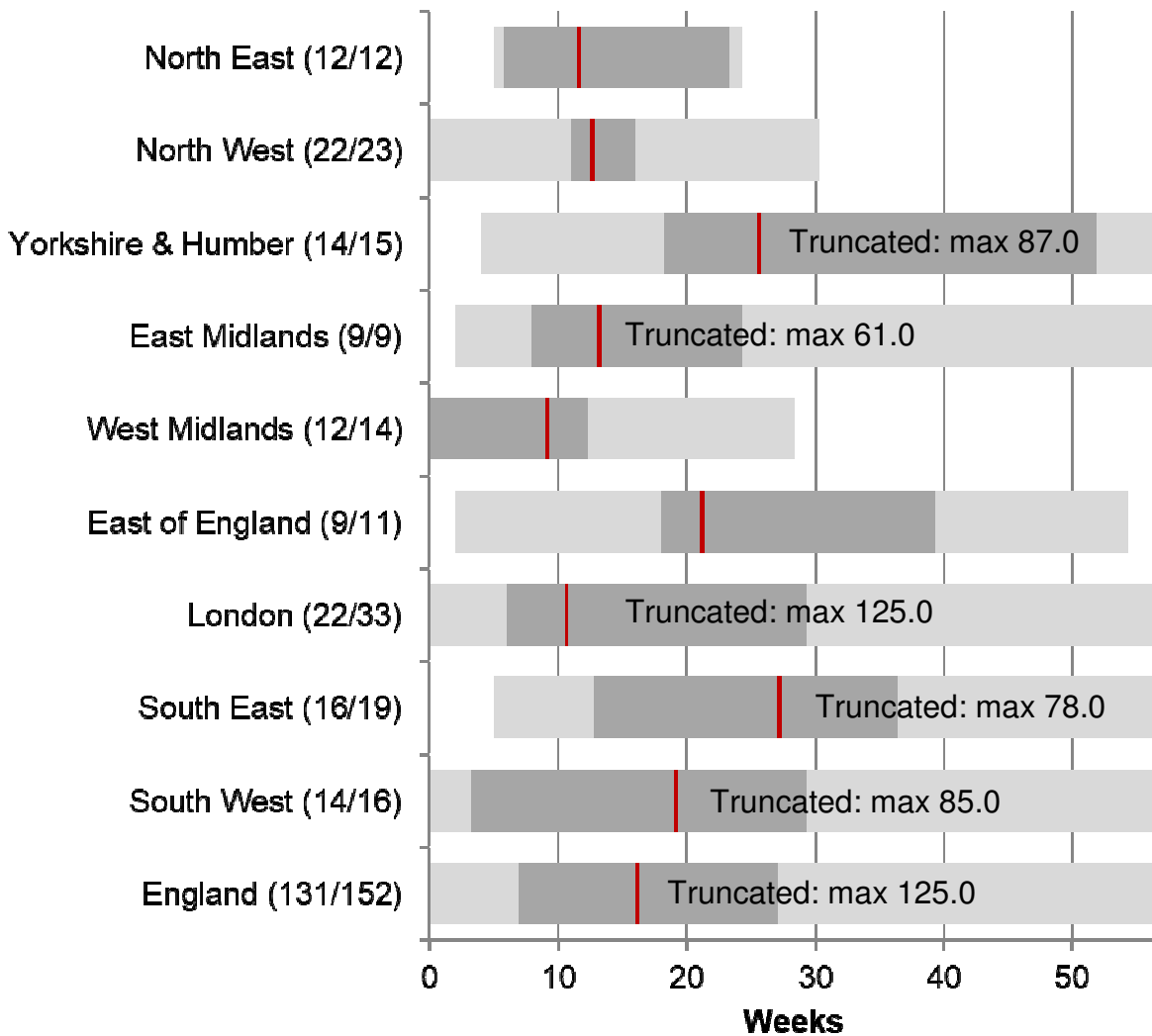
Figure 84: Average wait between referral and assessment by region
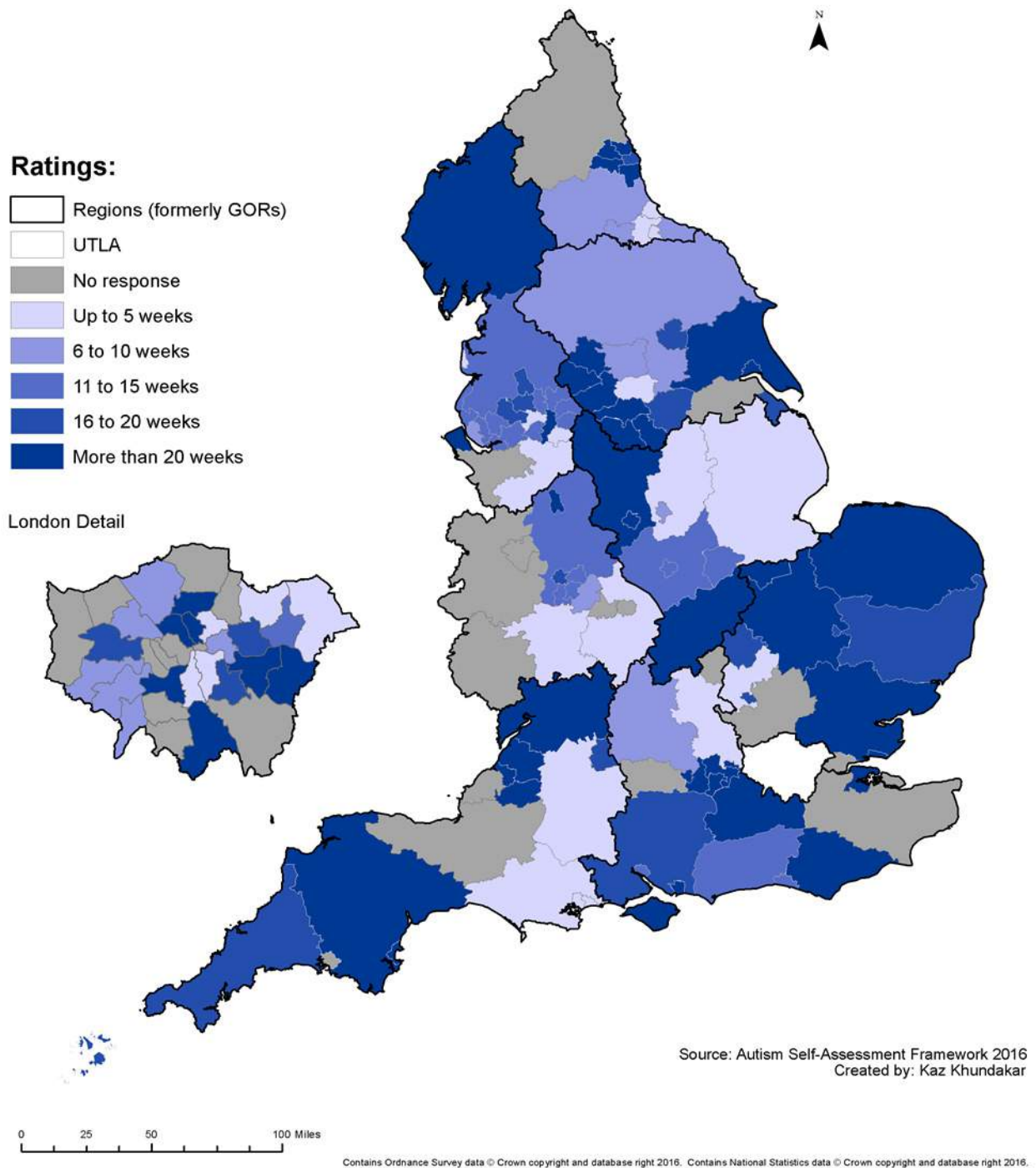
Figure 85: Map showing average wait between referral and assessment by local authority

Question 29.01: When will your area be able to meet NICE recommended [QS51] waiting time and expect to be able to keep within them? (This question is new this year)

| | We do not anticipate being able to reach NICE recommended waiting times sustainably by March 2017 |
| We anticipate meeting NICE recommended waiting times by March 2017 and to be able to sustain this thereafter |
| Our area already meets NICE recommended waiting times |
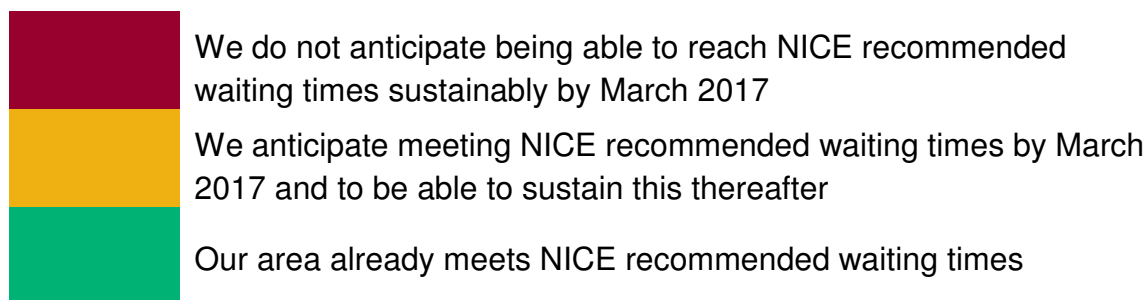
Response	Local authorities
Green	33 (22%)
Amber	35 (23%)
Red	66 (43%)
No response	18 (12%)

Figure 86 and 87 show that:
- overall, 22% of boards rated themselves as green, 23% rated themselves as amber and 43% rated themselves as red
- regionally, the highest proportions of green ratings were recorded in Yorkshire & Humber (47%) and East of England (36%)
- regionally, the highest proportions of red ratings were recorded in North East (67%) and East Midlands (67%)
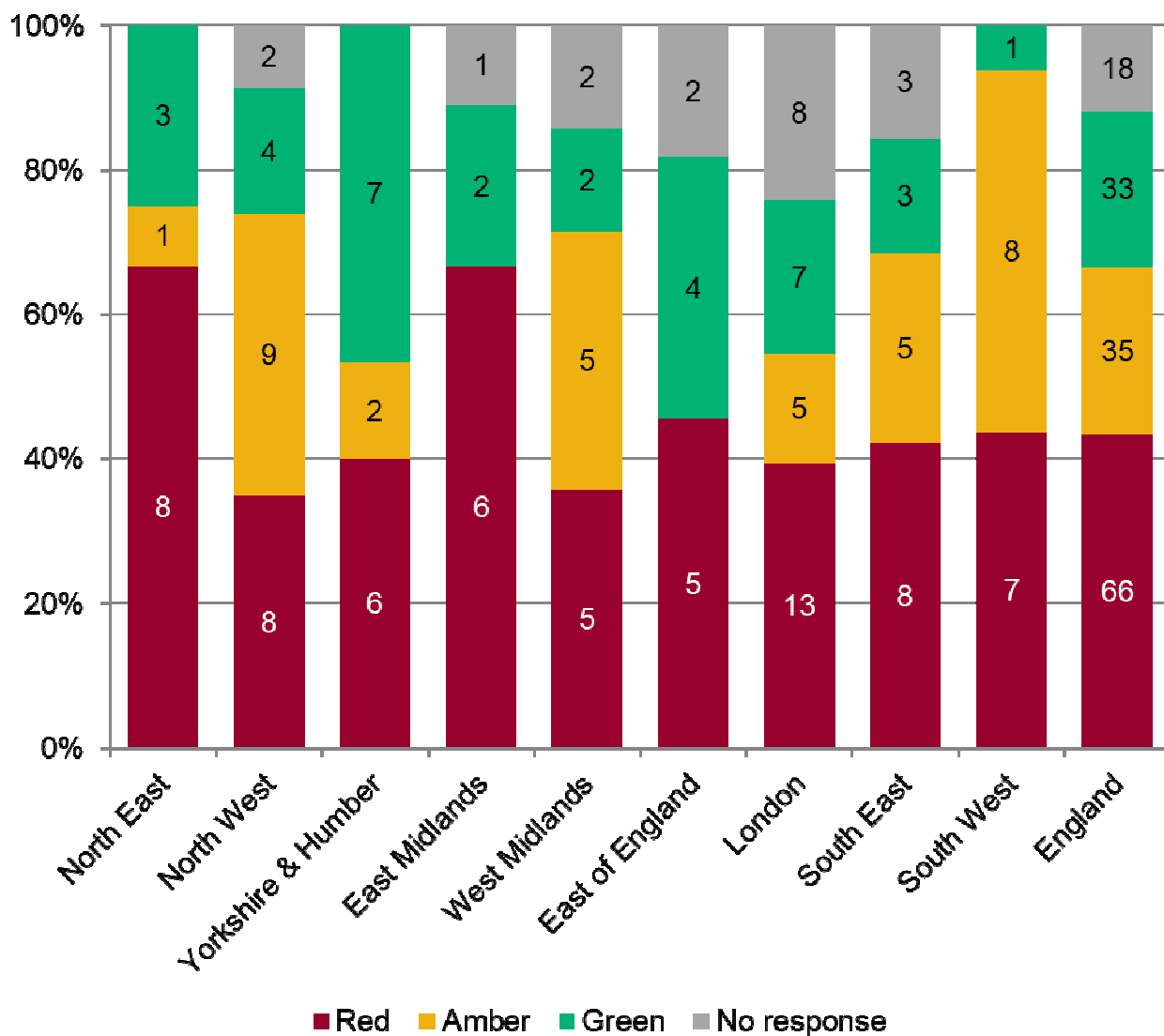
Figure 86: Local authorities' responses by region to "When will your area be able to meet NICE recommended [QS51] waiting time and expect to be able to keep within them?"
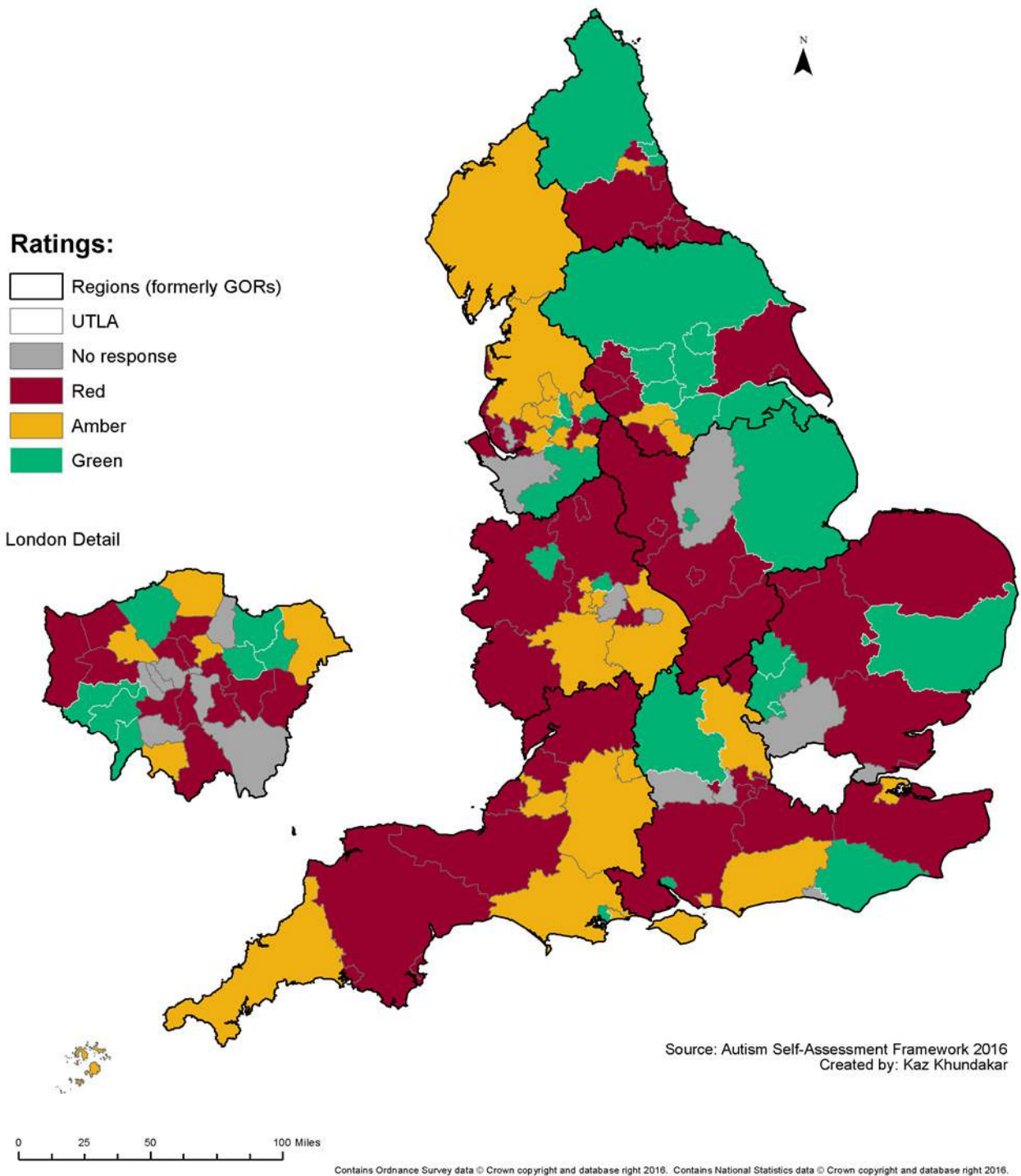
Figure 87: Map showing local authorities' responses to "When will your area be able to meet NICE recommended [QS51] waiting time and expect to be able to keep within them?"

Thematic analysis

Comment: briefly note any contingency arrangements you have in place to manage short term increases in rate of referral to diagnostic services.

One hundred and thirty four localities provided a rating, (11 blank) with 113 localities providing a comment. The self-rated assessment indicators for this question were:
- 66 self-rated red (53 with comments)
- 35 self-rated amber (30 with comments)
- 33 self-rated green (28 with comments)

This question prompted fewer comments than other questions and attracted lower RAG ratings; 50% of areas that provided a rating rated themselves red.

> Red: Bradford: "The current service is under review and is closed to new referrals at present. The waiting time for those currently on the waiting list may reduce to three months by end of March 2017."

Twenty nine areas (21 self-rated red, 5 self-rated amber, 3 self-rated green) highlighted that their service was undergoing re-development and that through this process they would be making progress towards the NICE guidelines. This included changes in the scope of the service and taking on additional staff. 4 areas (3 self-rated red, 1 self-rated amber) indicated that it would include training existing staff.

> Green: Telford and Wrekin: "Waiting times should be met immediately with new local service in place. We do expect a backlog but will monitor wait times. Alternative diagnostic providers have been sourced if required."

Details of contingency arrangements were noted by 23 localities (9 self-rated red, 6 self-rated amber, 8 self-rated green). These included plans to increase capacity within the service, recruiting new staff, and bringing in staff from other areas. 5 areas (4 self-rated red, 1 self-rated amber) noted that their contingency arrangements were to use out of area or private providers. One area (self-rated red) had closed their waiting list to new referrals (see text box example).

Areas from across the RAG spectrum noted that their waiting times for initial assessments were NICE compliant at under 3 months (16 areas; 8 self-rated red, 2 self-rated amber, 6 self-rated green). However, in some comments it was clear that there was a much longer wait for the full assessment. A further 4 areas (3 self-rated red, 1 self-rated amber) noted that some but not all

> Green: Oldham: "Contingency plans to meet a short term increase in referrals would involve the service to run more clinics within Oldham, Bury and HMR, and thus rearranging their work plans accordingly. This is possible because they also do work for the provider in other areas and clinics each week. The care provider also have professionals who work with them, who have greater availability that can be called on, were the need to arise."

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individuals are seen for an initial assessments within 3 months.

Increases in demand were noted as a difficulty for 16 areas (8 self-rated red, 5 self-rated amber, 3 self-rated green). The pressure of increasing numbers of referrals was noted as the main reason for the longer waiting times. To address this 9 localities (2 self-rated red, 6 self-rated amber, 1 self-rated green) highlighted that more money had been invested into their service to enable them to address the increasing numbers of individuals being referred. Conversely 6 areas (5 self-rated red, 1 self-rated amber) stated that due to increasing referrals they were in need of further investment in the service. The difference between the areas who had received more funds and those who stated they needed more money was reflected in the RAG ratings.

Question 30: How many people have been referred for an assessment but have yet to receive a diagnosis? (This question is identical to 2014)

The responses provided are displayed by region below as rates per 100,000 population of the local authority area:

- the median reported rate was 7.8 per 100,000
- the East Midlands reported the highest median rate: 19.6 per 100,000
- the West Midlands reported the lowest median weeks: 0.2 per 100,000
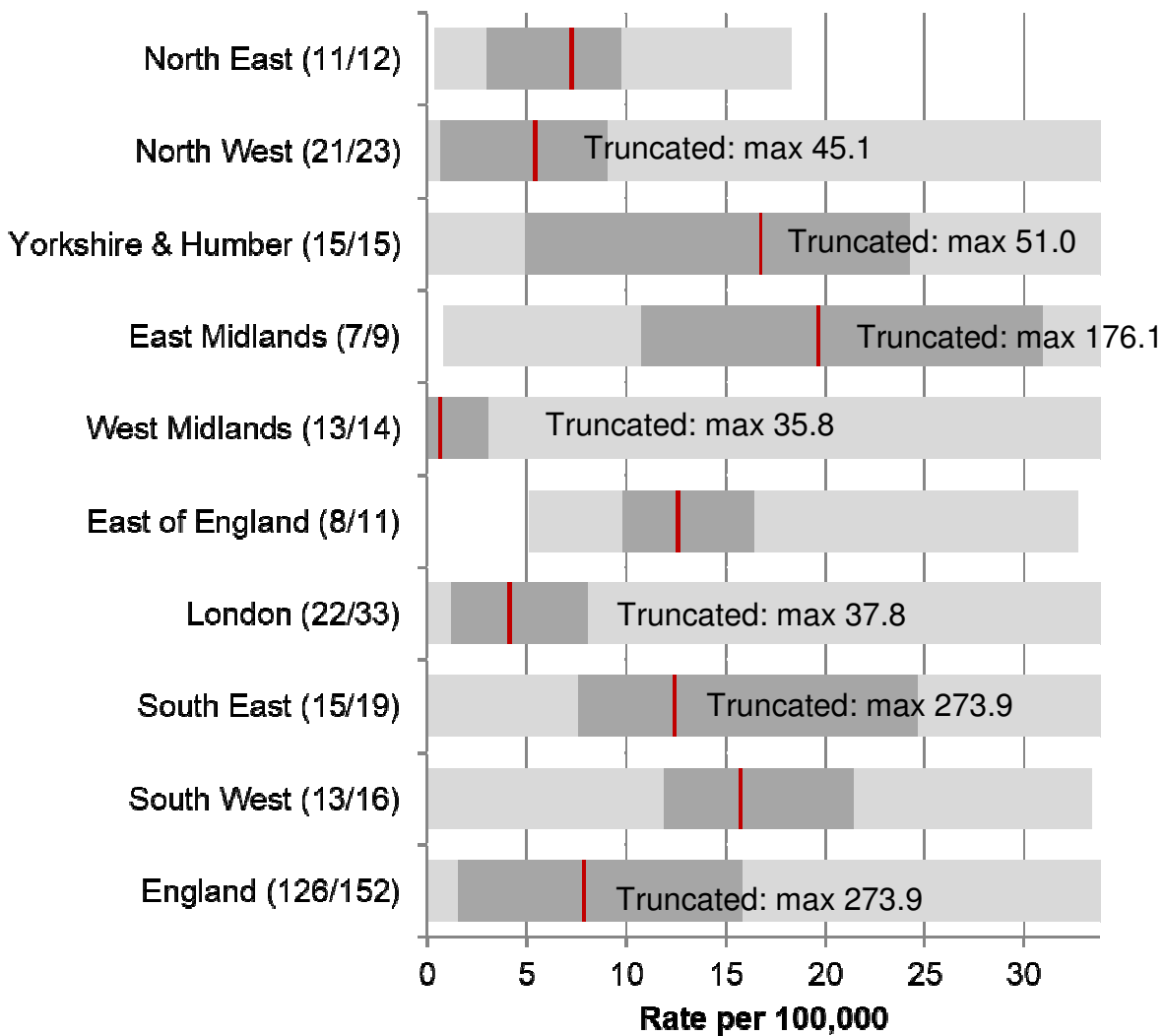
Figure 88: Rates of people that have been referred for an assessment but have yet to receive a diagnosis by region

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Ratings:

	Regions (formerly GORs)
	UTLA
	No response
	Unusable response
	Less than 0.7
	0.7 to 4.9
	5 to 9.8
	9.9 to 16.8
	Greater than 16.8

London Detail

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0   25   50   100 Miles

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Figure 89: Map showing rates of people that have been referred for an assessment but have yet to receive a diagnosis by local authority

Question 31: In the year to the end of March 2016 how many people have received a diagnosis of an autistic spectrum condition? (This question is identical to 2014)

The responses provided are displayed by region below as rates per 100,000 population of the local authority area:
- the median reported rate was 9.7 per 100,000
- the South East reported the highest median rate: 23.2 per 100,000
- the North East reported the lowest median weeks: 1.4 per 100,000
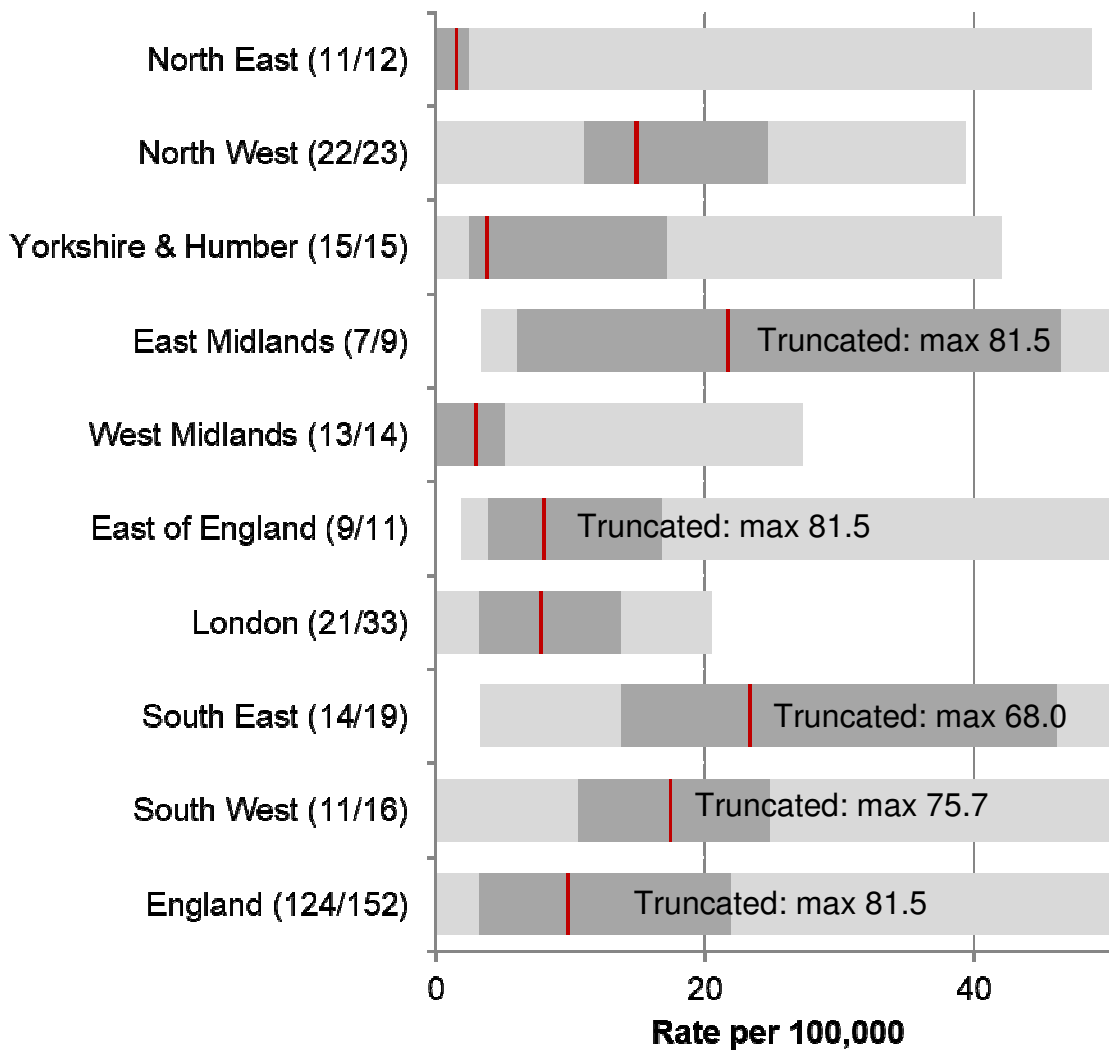
Figure 90: Rate of people that have received a diagnosis of an autistic spectrum condition by region
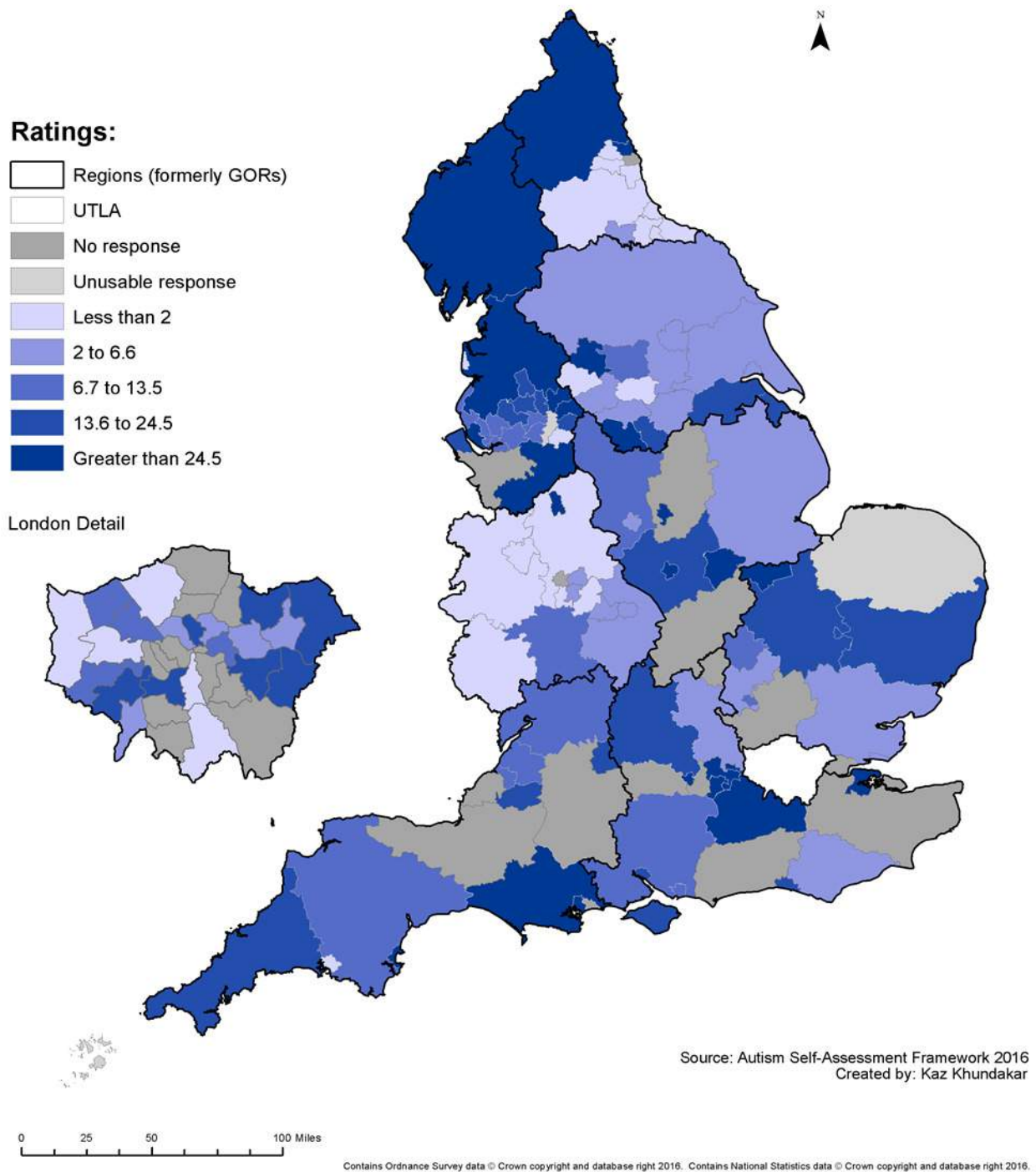
Figure 91: Map showing rate of people that have received a diagnosis of an autistic spectrum condition by local authority

Question 32: Of the people who received a diagnosis in the year to end March 2016, How many:

Question 32.01: do not meet Care Act eligibility criteria?

Question 32.02: have completed all relevant post diagnostic and care assessments and are not considered to need specific support at the present time?

Question 32.03: have completed all relevant assessments and are now receiving any support identified as relevant?

Question 32.04: have completed all relevant assessments but are awaiting some or all of the support identified as relevant?

Question 32.05: have not yet completed all relevant assessments of their support needs?

Question 32 was a new question in 2014 and was divided into five sub questions (listed above). The aim was to measure local authorities' progress towards meeting assessed needs of people with newly diagnosed autism. It identified four pathway stages: 'assessment not finished', 'awaiting support', 'receiving support' and 'no identified need'.

Data was checked for broad consistency by comparing the total of the numbers of individuals reported at each of the four stages with the overall number reported diagnosed with autism in the previous year in the previous question. Where the two figures were within 10% data were considered usable. 21 authorities provided data meeting this test, however in 10 of these cases the actual numbers of people passing through the diagnostic pathway was too small for realistic further analysis (fewer than 15)

Figure 92 on page 177 shows the proportions of people at each stage of the diagnosis pathway in the remaining 11 authorities.

Two local authorities reported that more than 92% of people receiving a positive diagnosis did not have specific eligible needs. Five of the remainder reported some people awaiting support, for four of them between 10% and 20% but for the fifth many more. The numbers actually receiving support ranged from 7% to 90%.
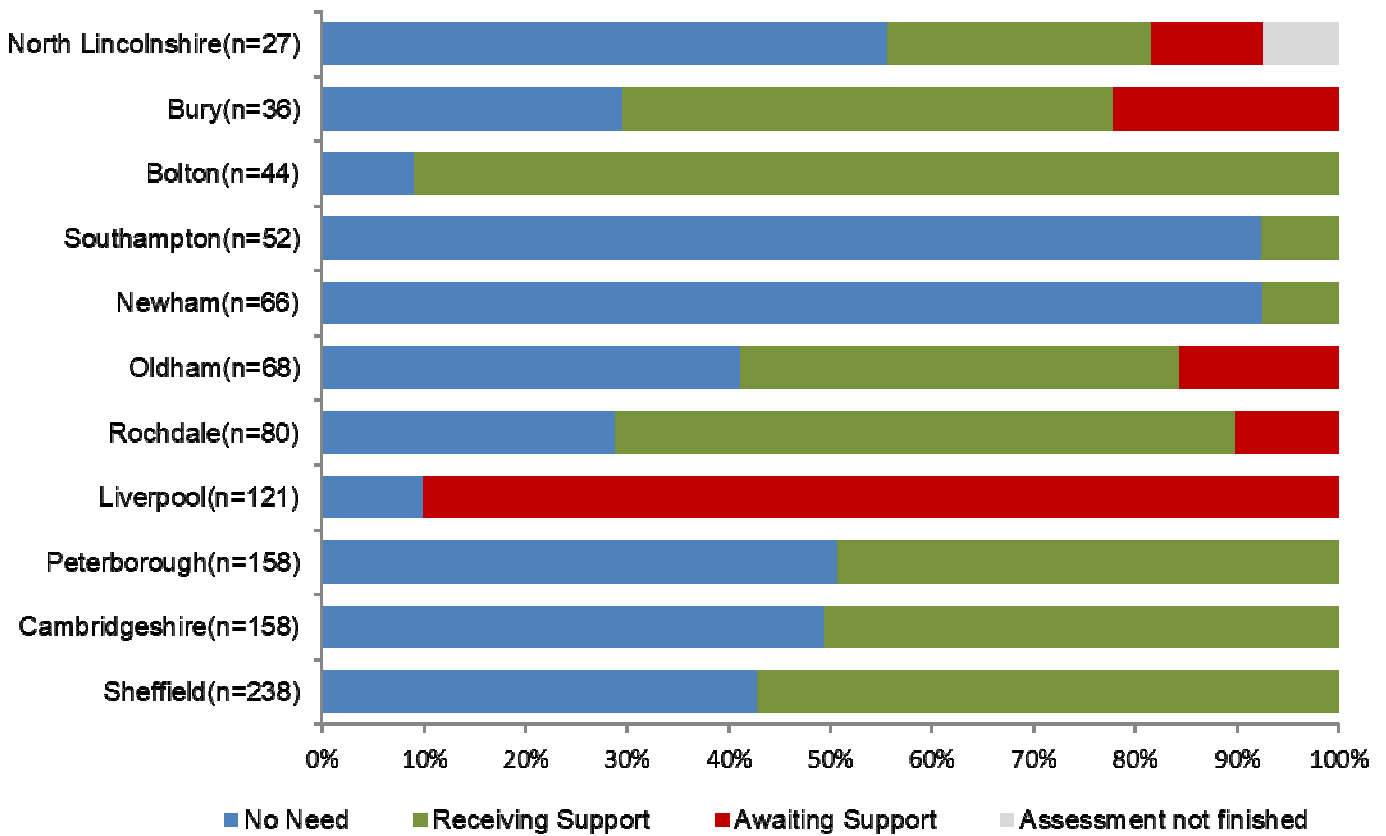
Figure 92: Proportions of people at each stage of the diagnosis pathway in the remaining 11 authorities.

Question 33: How would you describe the local diagnostic pathway, i.e. Integrated with mainstream statutory services with a specialist awareness of autism for diagnosis or a specialist autism specific service? (This question is identical to 2013 and 2014)

Response	Local authorities	Local authorities in 2014	Local authorities in 2013
Specialist	102 (67%)	95 (63%)	78 (51%)
Integrated	37 (24%)	49 (32%)	64 (42%)
No response	13 (9%)	8 (5%)	10 (7%)

Some observations are:
- overall, 67% rated their service as specialist,24% as integrated
- regionally, the highest proportions of specialist services were reported in the North East (92%),Yorkshire and Humber (80%) and the North West (78%)
- regionally, the highest proportion of integrated services were reported in the East Midlands (67%)
- the proportion of areas with a specialist service has increased each year since 2013
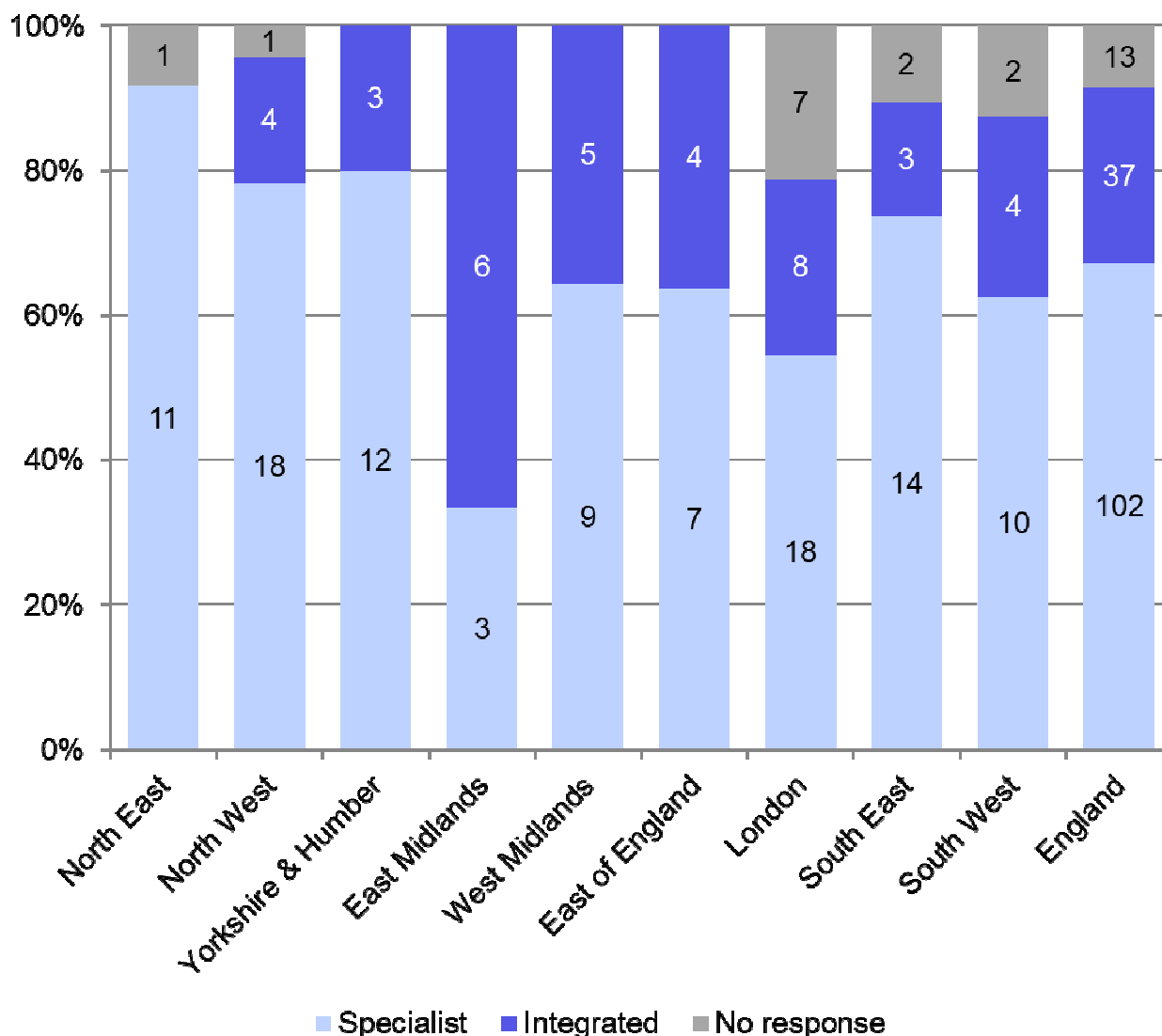
Figure 93: Local authorities' responses by region to " How would you describe the local diagnostic pathway, ie Integrated with mainstream statutory services with a specialist awareness of autism for diagnosis or a specialist autism specific service?"

Ratings:

- Regions (formerly GORs)
- UTLA
- No response
- Specialist
- Integrated

London Detail

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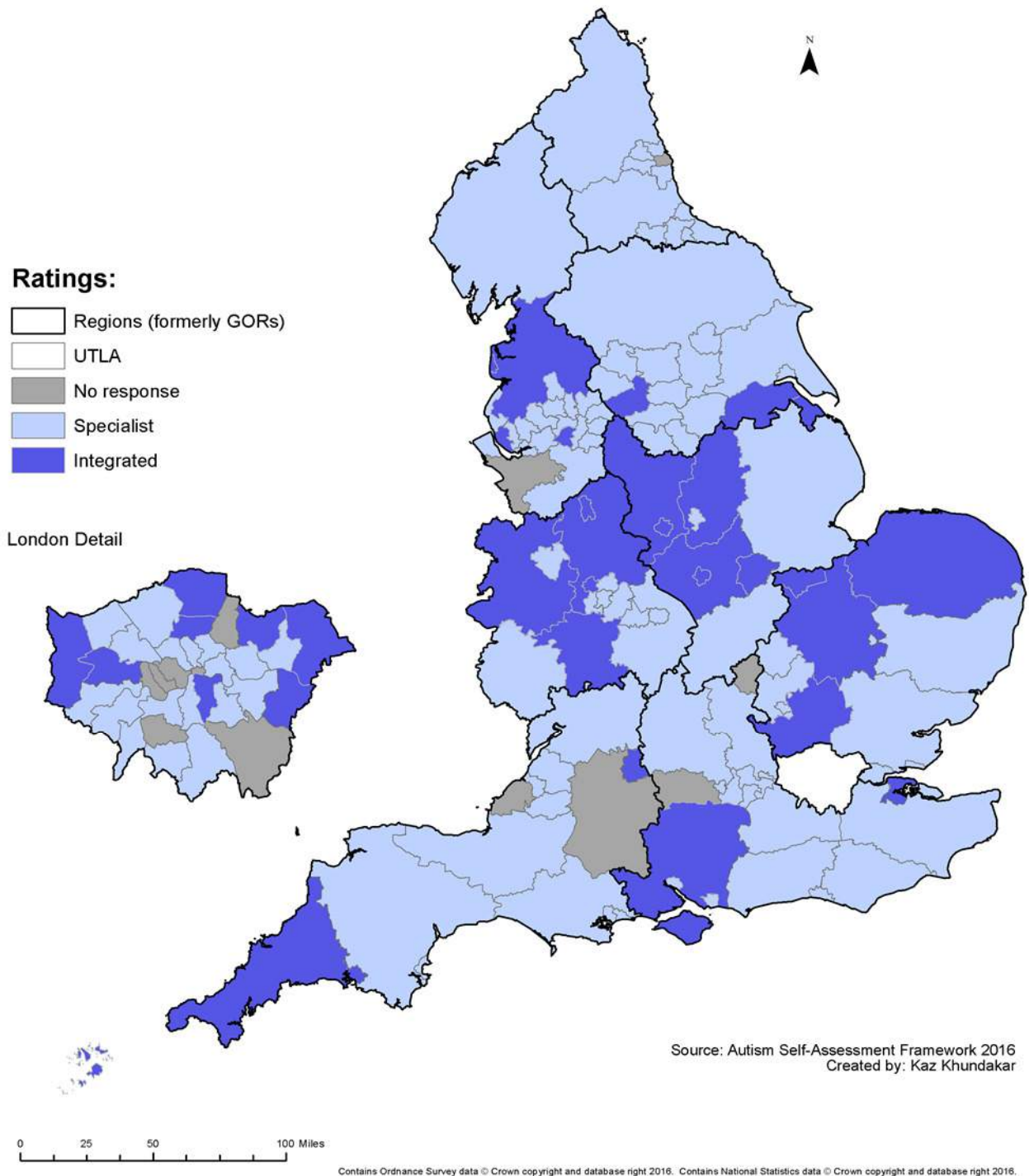
Figure 94: Map showing local authorities' responses to " How would you describe the local diagnostic pathway, i.e. Integrated with mainstream statutory services with a specialist awareness of autism for diagnosis or a specialist autism specific service?"

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Question 34: In your local diagnostic pathway does a diagnosis of autism automatically trigger an offer of a care assessment (or re-assessment if the person has already had a current Care Act assessment)? (This question is identical to 2014)

Response	Local authorities	Local authorities in 2014
Yes	69 (45%)	82 (54%)
No	72 (47%)	63 (41%)
No response	11 (7%)	7 (5%)

Figure 95 and 96 show that:
- overall, 45% responded 'yes' and 47% responded 'no'
- regionally, the highest proportions of 'yes' responses were recorded in North East (83%) and North West (61%)
- regionally, the highest proportions of 'no' responses were recorded in West Midlands (71%) and Yorkshire & Humber (67%)

Legend: Yes ■ No ■ No response ■

Ratings:

- Regions (formerly GORs)
- UTLA
- No response
- Yes
- No

London Detail

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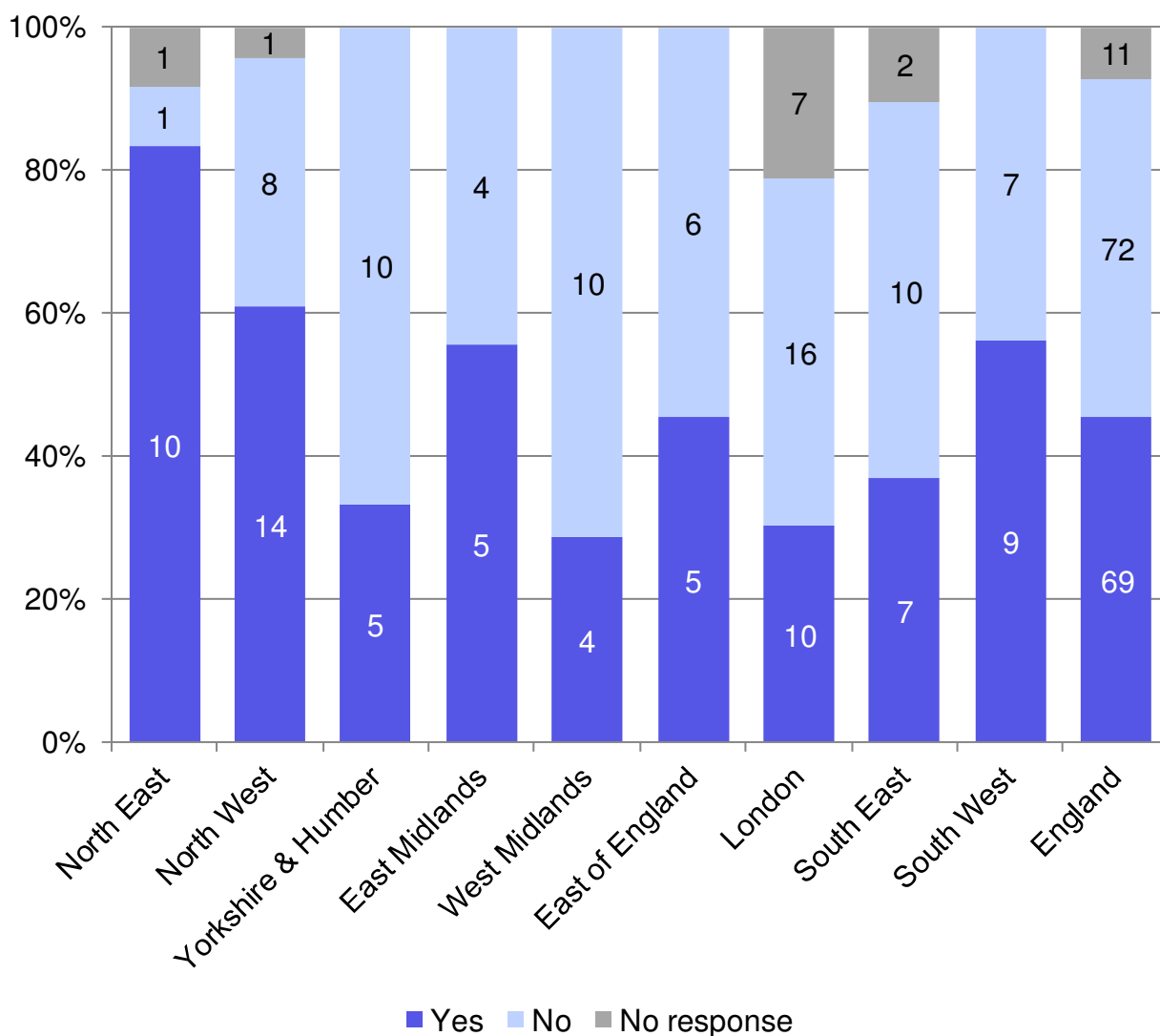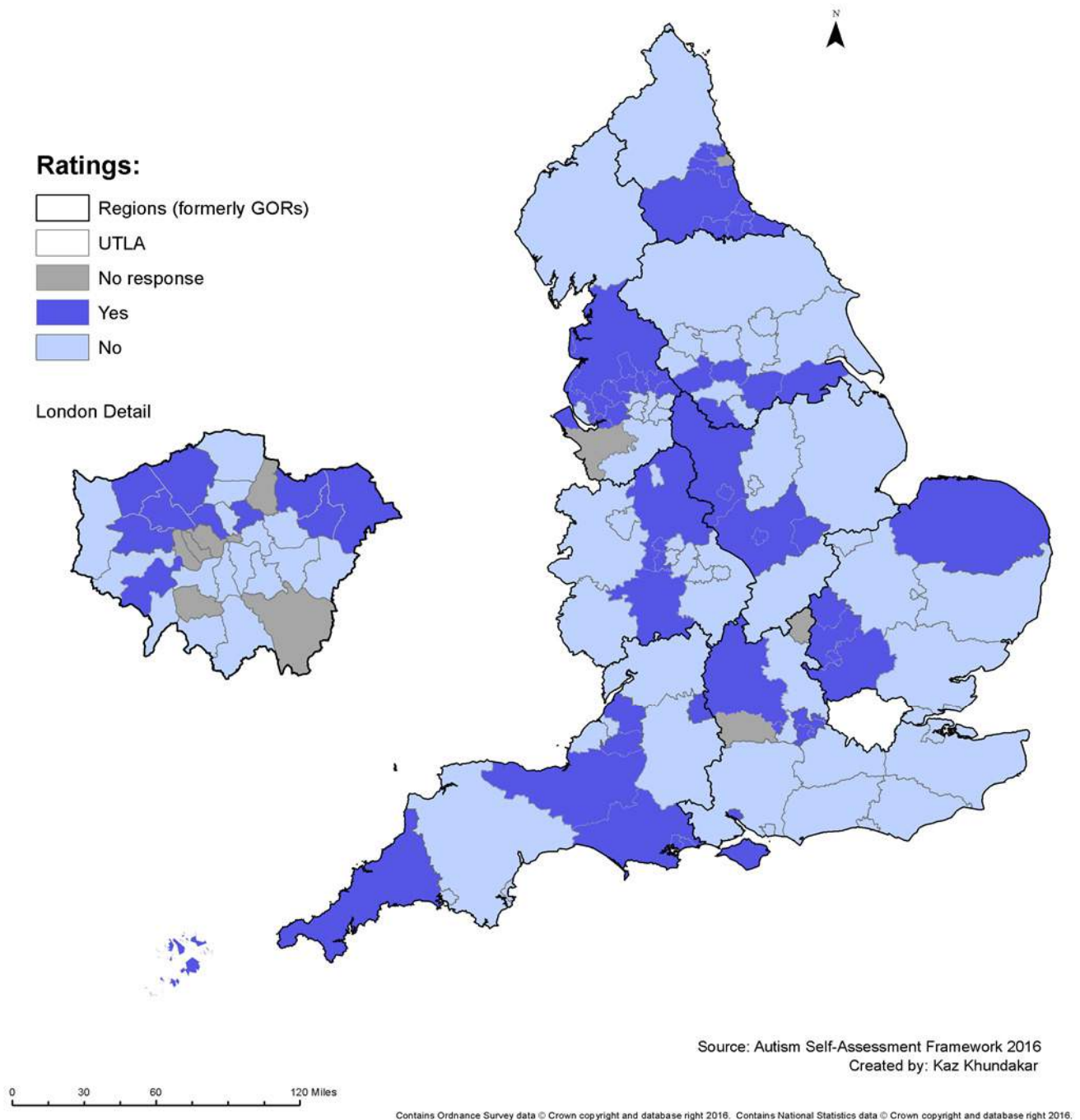
Figure 96: Map showing local authorities' response to "In your local diagnostic pathway does a diagnosis of autism automatically trigger an offer of a care assessment (or re-assessment if the person has already had a current Care Act assessment)?"

Question 35: Can people diagnosed with autism and a learning disability access post diagnostic specific or reasonably adjusted psychology assessments? (This question is new this year).

Question 35.01: Can people diagnosed with autism and without a learning disability access post diagnostic specific or reasonably adjusted psychology assessments? (This question is new this year).

Question 36: Can people diagnosed with autism and a learning disability access post diagnostic specific or reasonably adjusted speech and language therapy assessments? (This question is new this year).

Question 36.01: Can people diagnosed with autism and without a learning disability access post diagnostic specific or reasonably adjusted speech and language therapy assessments? (This question is new this year).

Question 37: Can people diagnosed with autism and a learning disability access post diagnostic specific or reasonably adjusted occupational therapy assessments? (This question is new this year).

Question 37.01: Can people diagnosed with autism and without a learning disability access post diagnostic specific or reasonably adjusted occupational therapy assessments? (This question is new this year).

🟥	Availability patchy or mainly generic services, with a small number of reasonably adjusted services
🟧	Available everywhere. Mainly reasonably adjusted services, with some access to autism specific services (when necessary) and some generic services
🟩	All services are reasonably adjusted (in accordance with NICE Guidance) to provide access to post diagnostic specialist assessments. Access to autism specific services is also available when necessary

Questions 35 to 37 were meant to assess the differences in accessing post-diagnostic assessments between people with autism and a learning disability and those with autism and without a learning disability.

Figure 97 gives an overview of these differences for Questions 35, 36 and 37
- overall, a higher proportion of boards gave themselves 'green' ratings for people with a learning disability (49%) than for those without (11%, 12% and 16%)
- the proportions of boards giving themselves 'amber' ratings was similar: 35%, 34% and 31% for those with a learning disability and 34%, 26% and 33% for those without
- the proportions of boards rating themselves 'red' were 10%, 11% and 14% for those with a learning disability and 42%, 54% and 48% for those without
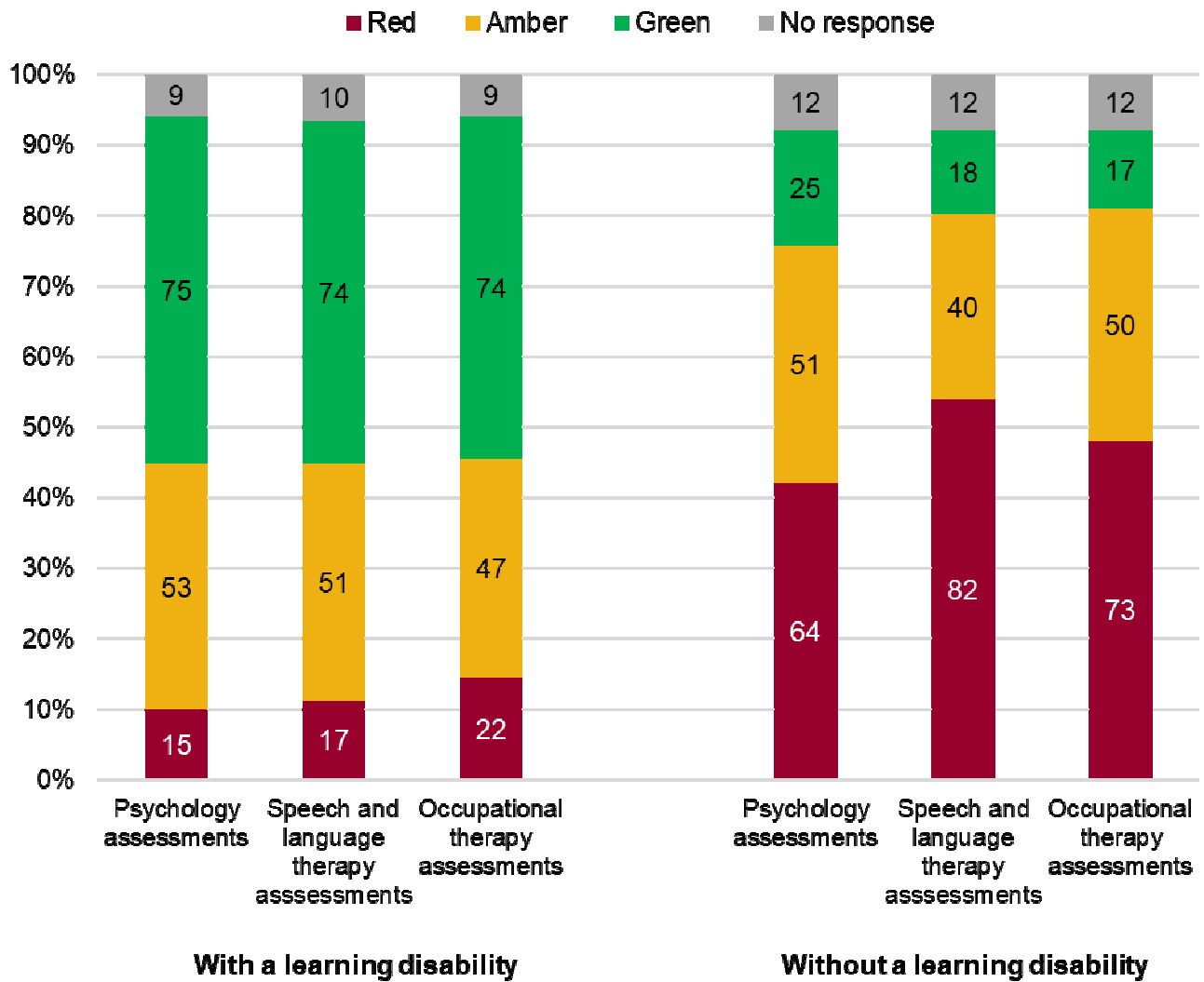
Figure 97: Overview of access to post-diagnostic assessments for people with autism and a learning disability and those without

Figure 98 shows the regional variation in accessing post-diagnostic psychology assessments for the two groups:

- overall, a higher proportion of boards gave themselves 'green' ratings for people with a learning disability (49%) than for those without (16%)
- regionally, the highest proportions of 'green' ratings were recorded in South East (68%) and East Midlands (67%) for those with a learning disability; and East of England (45%) and South East (32%) for those without
- regionally, the highest proportions of 'red' ratings were recorded in West Midlands (36%) and South West (19%) for those with a learning disability; and West Midlands (71%) and North East (58%) for those without
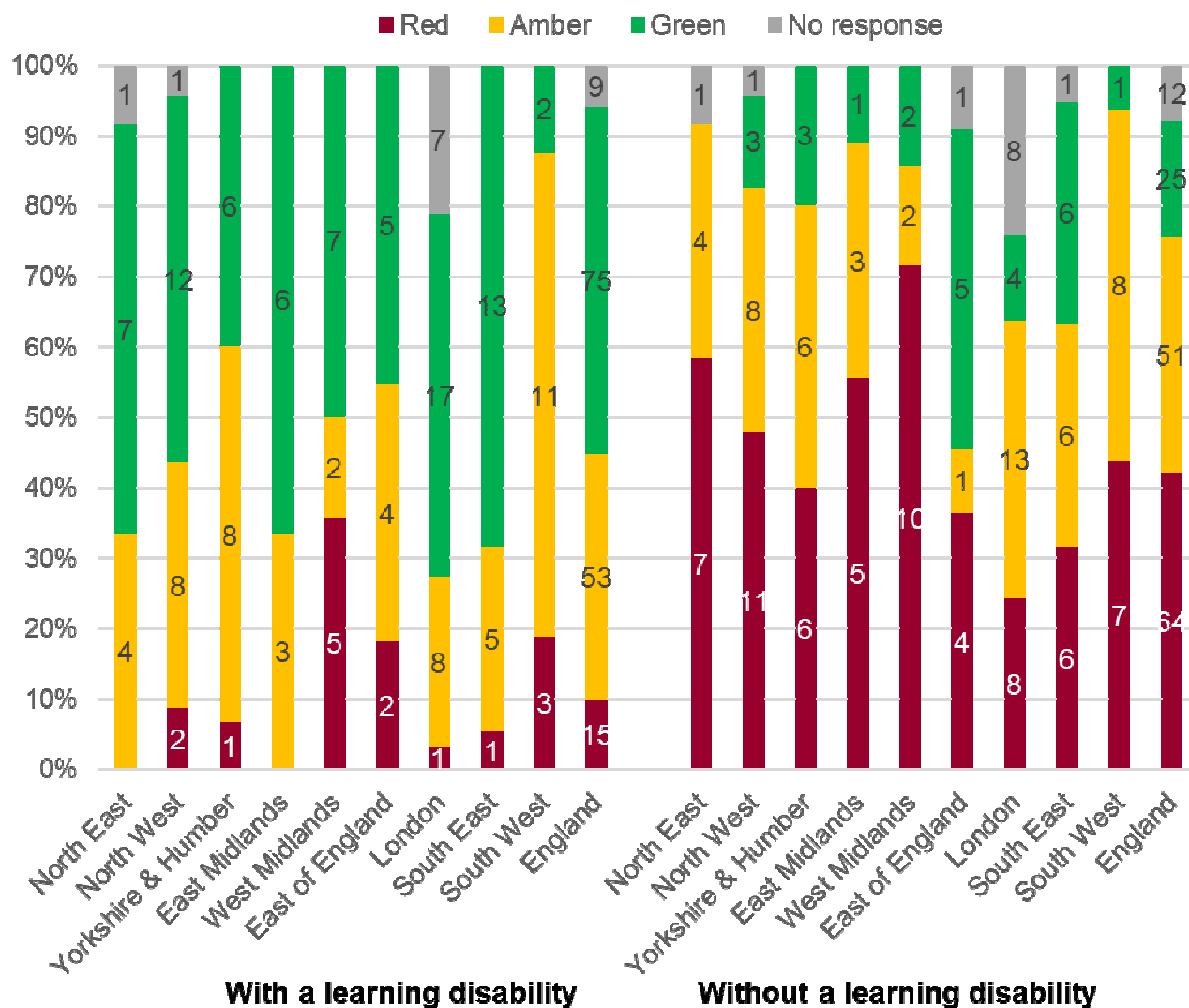
Figure 98: Local authorities' responses by regions to access to post-diagnostic psychology assessments
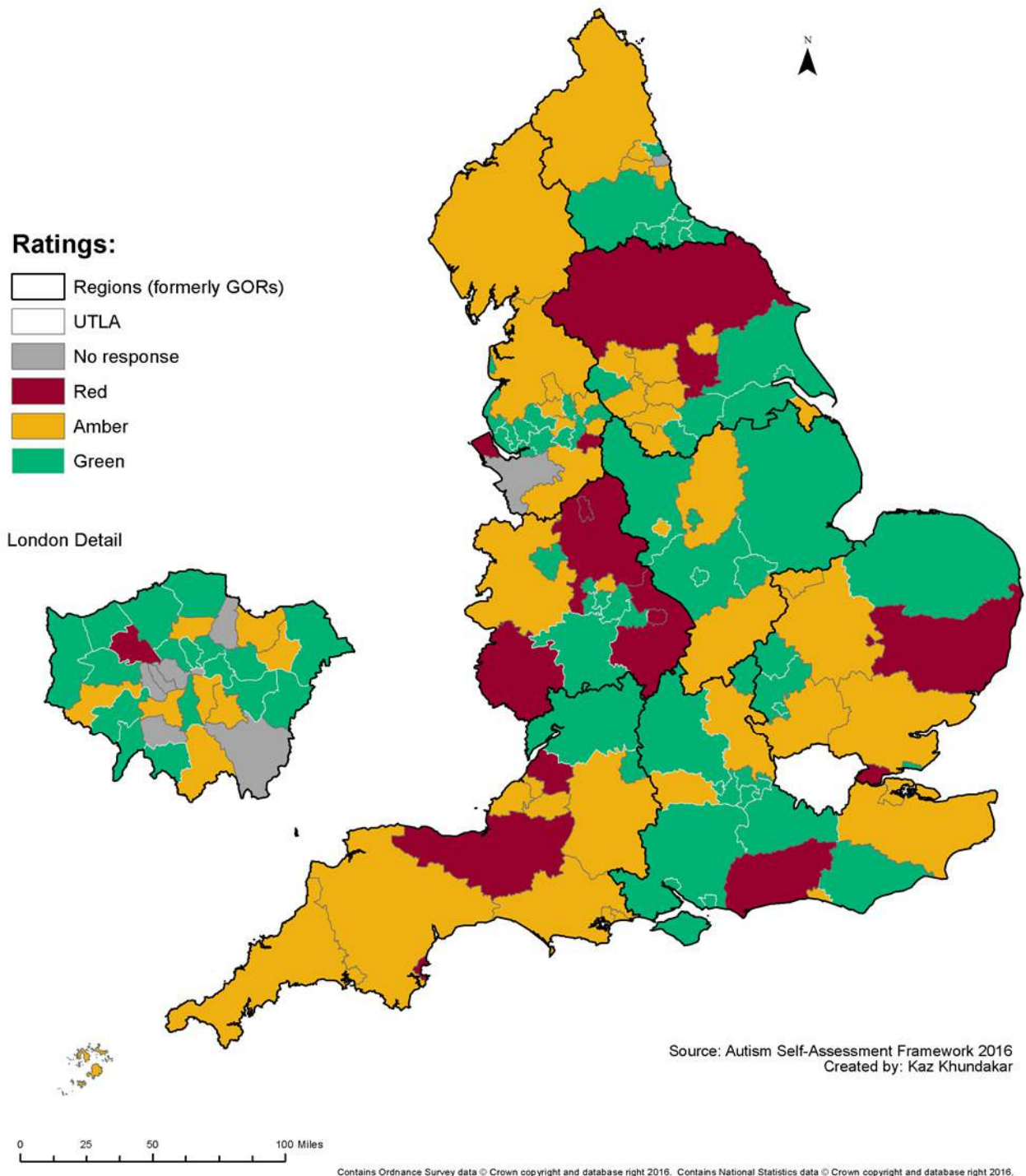
Figure 99: Map showing local authorities' responses by to "Can people diagnosed with autism and a learning disability access post diagnostic specific or reasonably adjusted psychology assessments?"

Ratings:

- Regions (formerly GORs)
- UTLA
- No response
- Red
- Amber
- Green

London Detail

Source: Autism Self-Assessment Framework 2016
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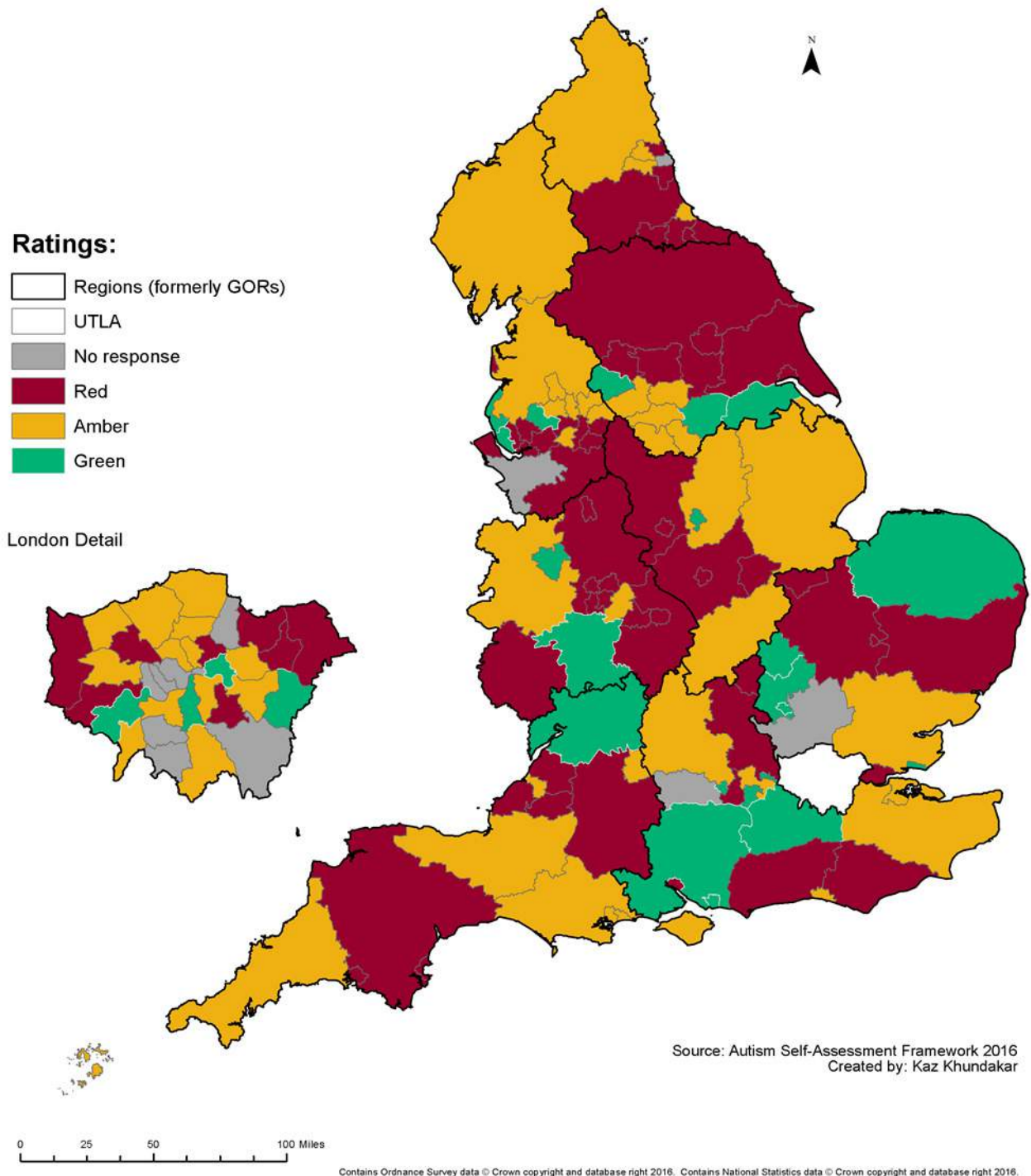
Figure 100: Map showing local authorities' responses to "Can people diagnosed with autism and without a learning disability access post diagnostic specific or reasonably adjusted psychology assessments?"

Figure 101 shows the regional variation in accessing post-diagnostic speech and language therapy assessments for the two groups:
- overall, a higher proportion of boards gave themselves 'green' ratings for people with a learning disability (49%) than for those without (12%)
- regionally, the highest proportions of 'green' ratings were recorded in East Midlands (67%) and North East (58%) for those with a learning disability South East (32%) and Yorkshire & Humber (13%)for those without
- regionally, the highest proportions of 'red' ratings were recorded in West Midlands (36%) and East of England (18%) for those with a learning disability; and West Midlands (79%) and North East (67%) for those without
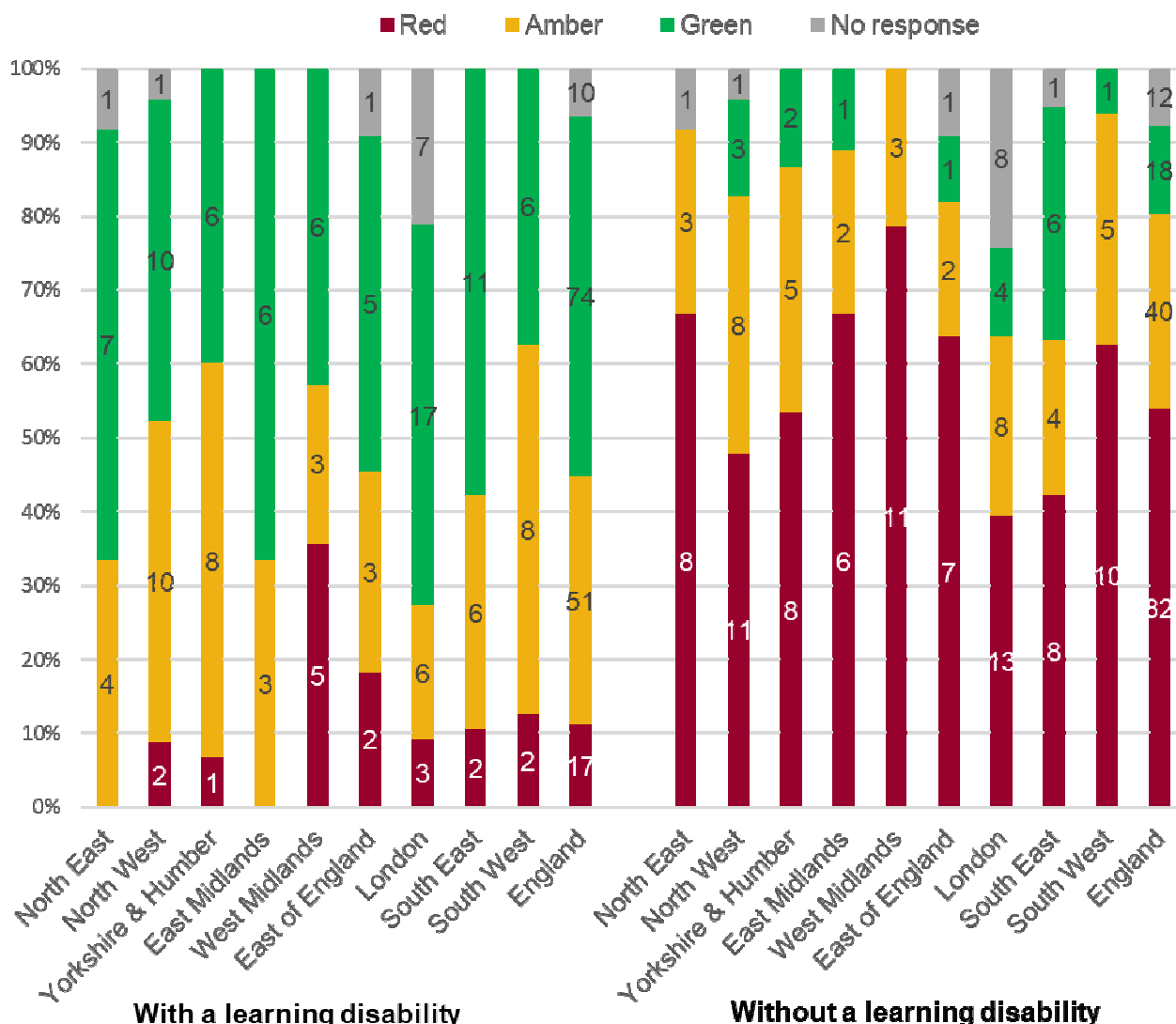
Figure 101: local authorities' responses by region to access to post-diagnostic speech and language therapy assessments
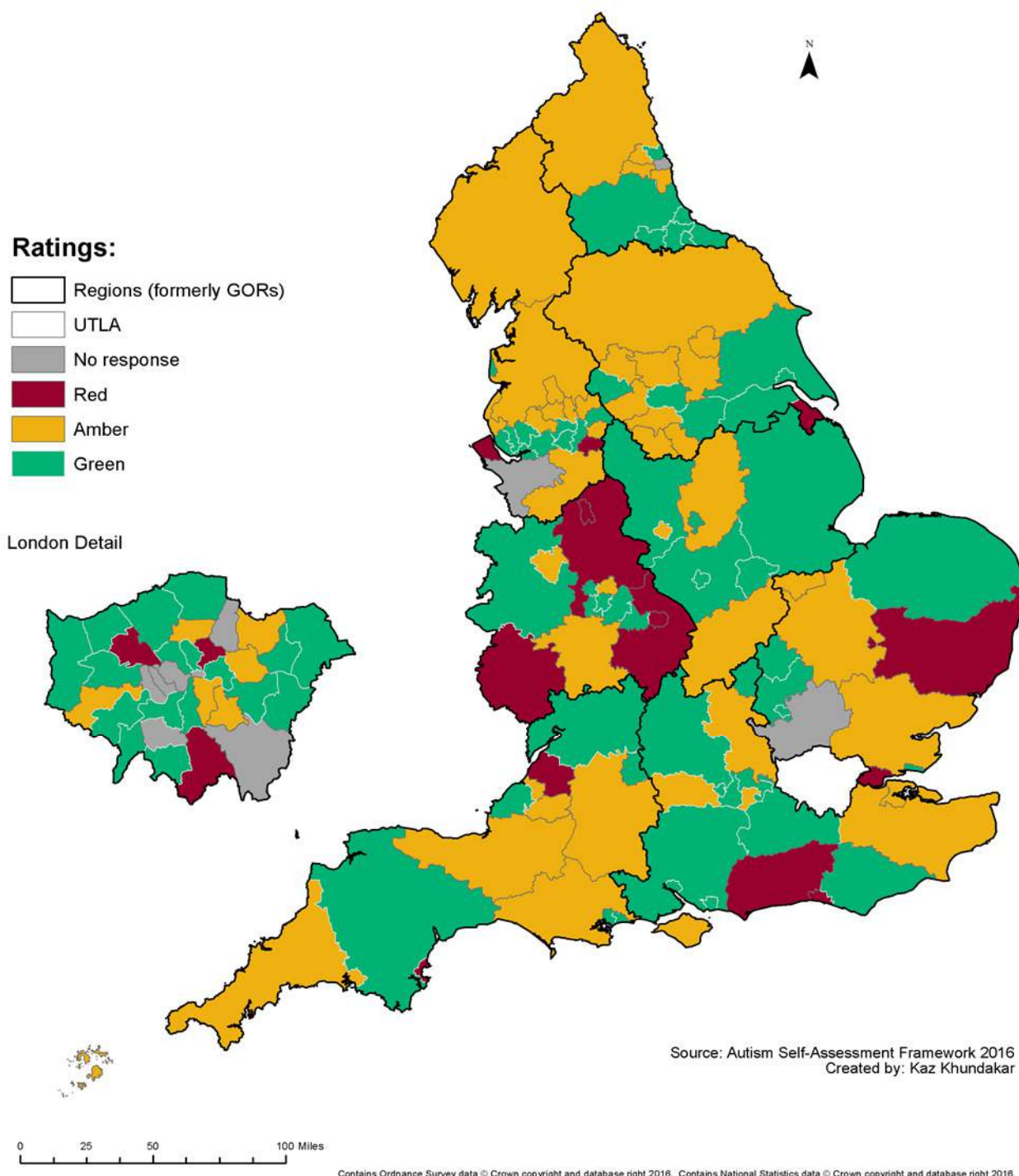
Figure 102: Map showing local authorities' responses to "Can people diagnosed with autism and a learning disability access post diagnostic specific or reasonably adjusted speech and language therapy assessments?"

Ratings:

Regions (formerly GORs)
UTLA
No response
Red
Amber
Green

London Detail

Source: Autism Self-Assessment Framework 2016
Created by: Kaz Khundakar

0   25   50   100 Miles

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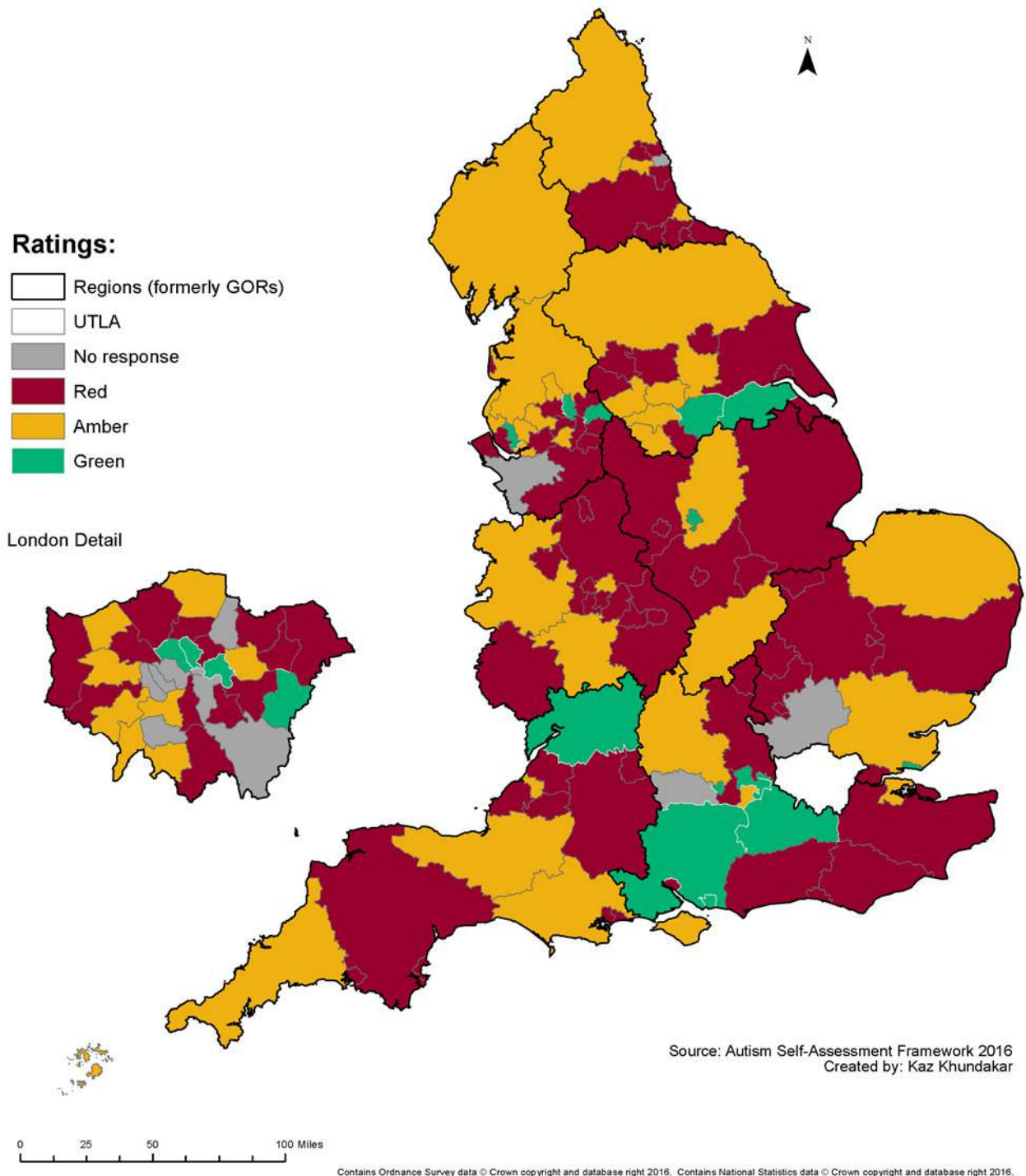
Figure 103: Map showing local authorities' responses to "Can people diagnosed with autism and without a learning disability access post diagnostic specific or reasonably adjusted speech and language therapy assessments?"

Figure 104 shows the regional variation in accessing post-diagnostic occupational therapy assessments for the two groups:

- overall, a higher proportion of boards gave themselves 'green' ratings (49%) for people with a learning disability than for those without (11%)
- regionally, the highest proportions of 'green' ratings were recorded in East Midlands (67%) and South East (63%) for those with a learning disability; and South East (37%) and East of England (18%) for those without
- regionally, the highest proportions of 'red' ratings were recorded in West Midlands (43%) and North West (30%) for those with a learning disability; and West Midlands (71%) and North East (67%) for those without
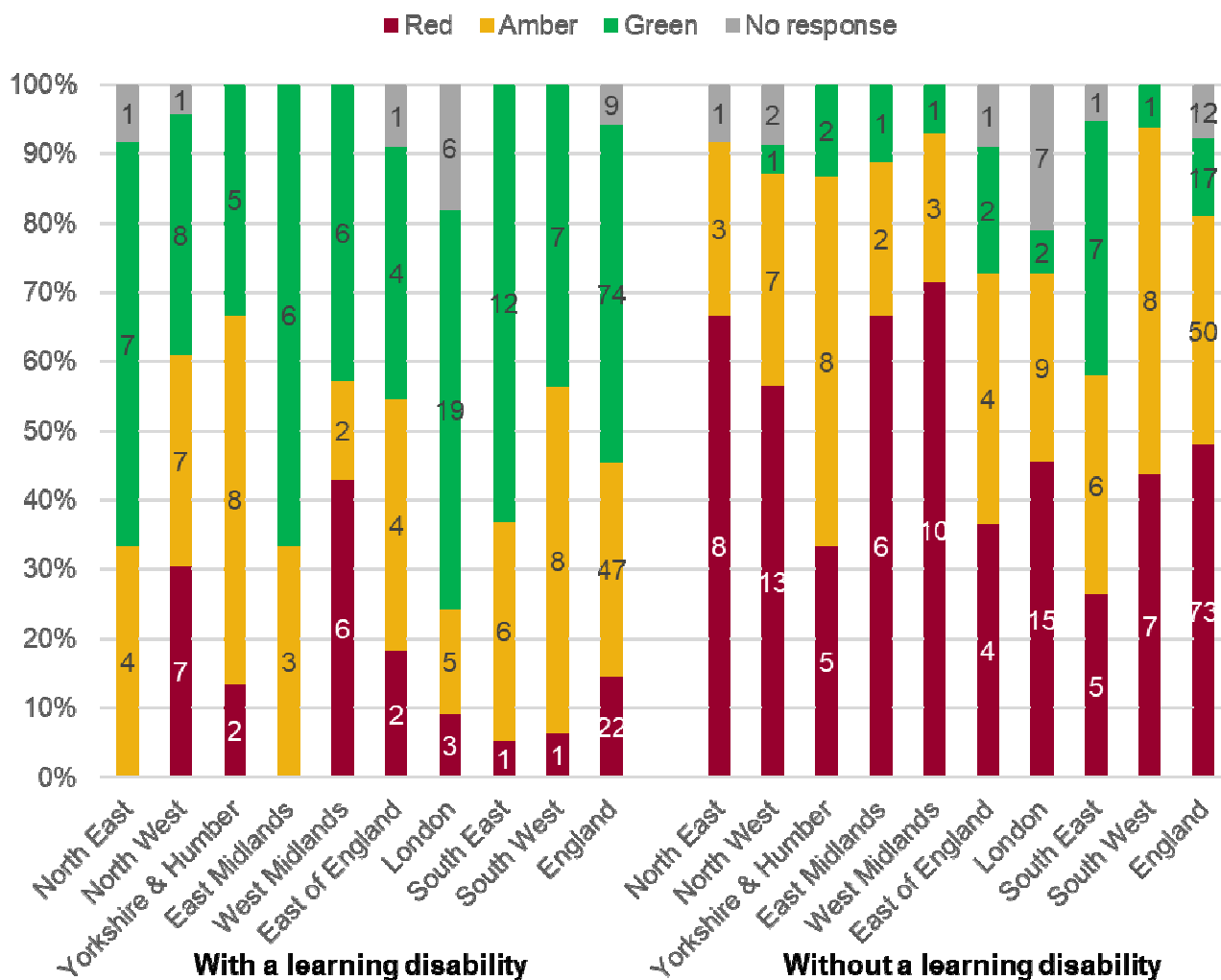
Figure 104: local authorities' responses by regions to access to post-diagnostic occupational therapy assessments
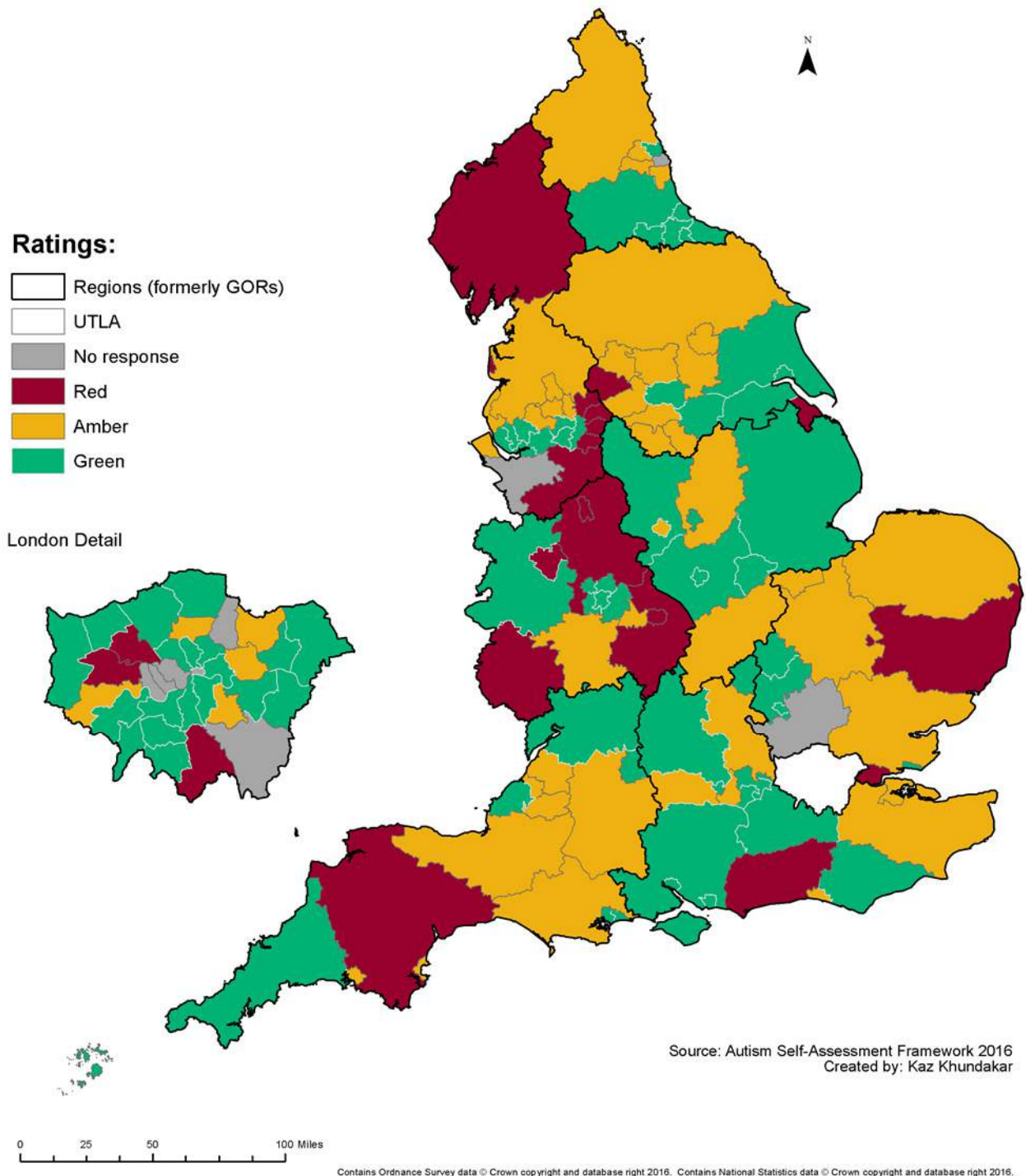
Figure 105: Map showing local authorities' responses to "Can people diagnosed with autism and a learning disability access post diagnostic specific or reasonably adjusted occupational therapy assessments?"
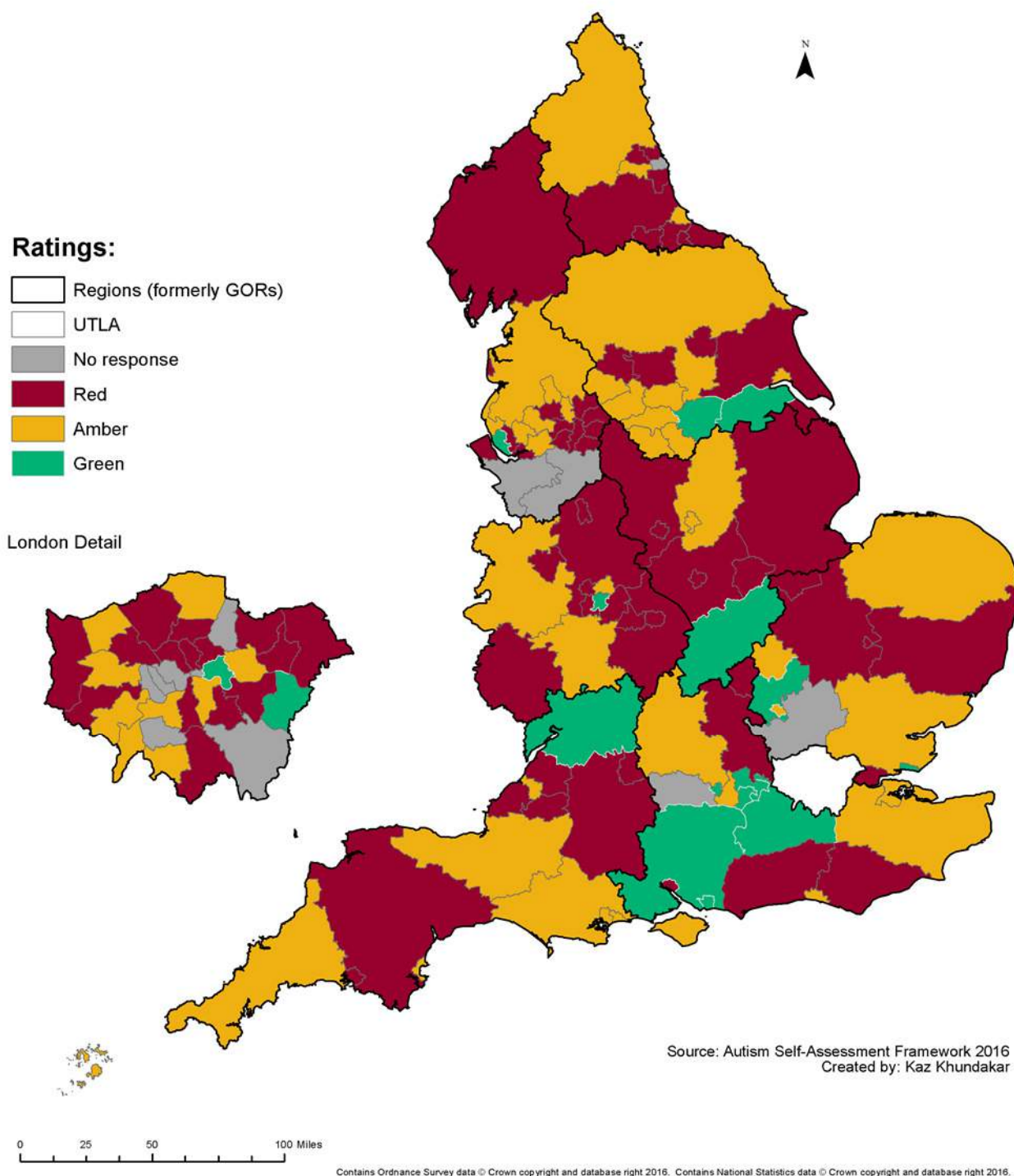
Figure 106: Map showing local authorities' responses to "Can people diagnosed with autism and without a learning disability access post diagnostic specific or reasonably adjusted occupational therapy assessments?"

Question 38: Is post-diagnostic adjustment support available with local clinical psychology or other services for those people diagnosed with autism and a learning disability? (This question is new this year)

Response	Local authorities
Yes	133 (88%)
No	7 (5%)
No response	12 (8%)

Figure 107 and figure 108 show that:
- overall, 88% responded 'yes' and 5% responded 'no'
- regionally, the highest proportions of 'yes' responses were recorded in East Midlands (100%) and South West (94%)
- regionally, the highest proportions of 'no' responses were recorded in West Midlands (21%)
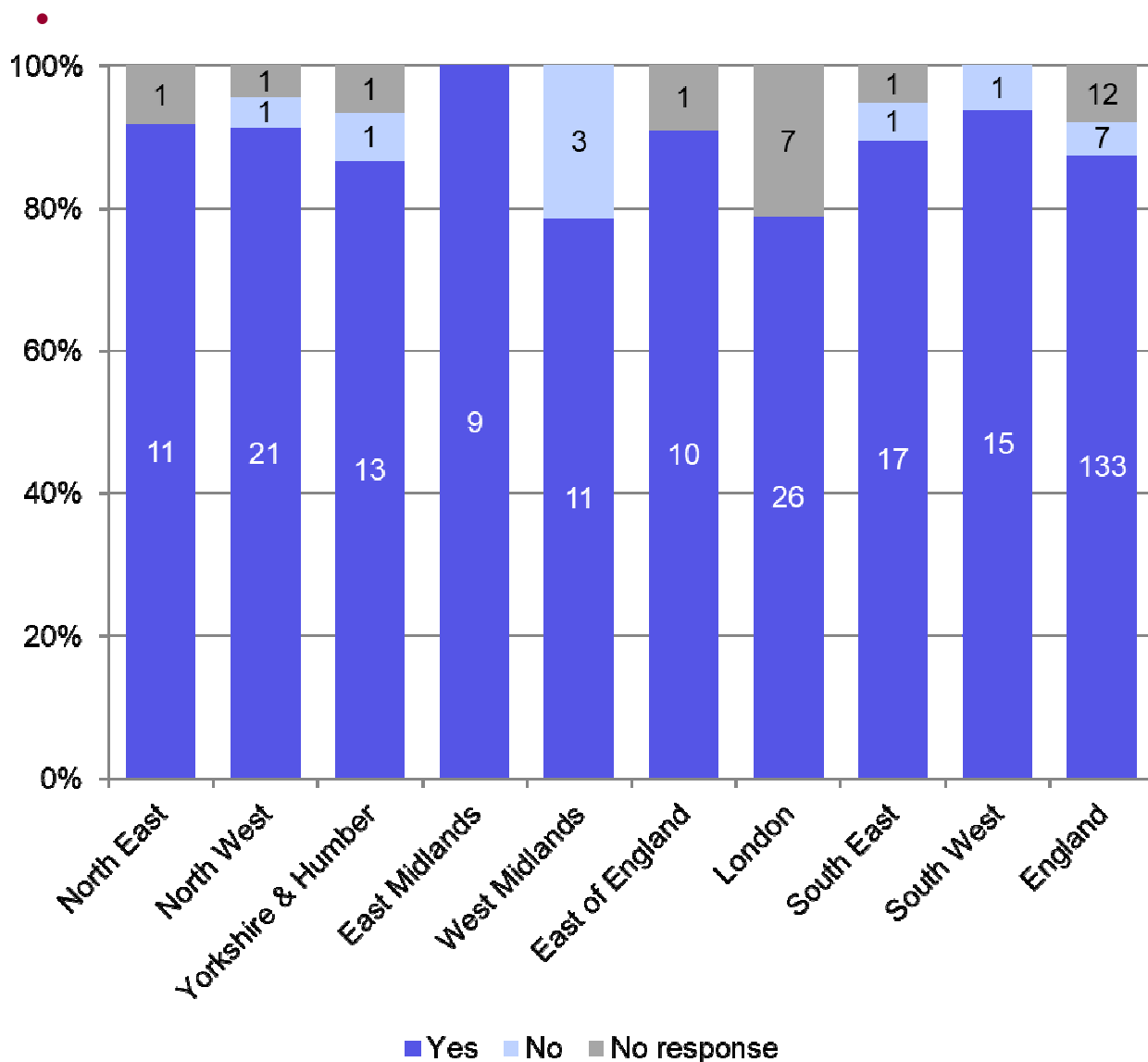
Figure 107: Local Authorities' responses by region to "Is post-diagnostic adjustment support available with local clinical psychology or other services for those people diagnosed with autism and a learning disability?"

Ratings:

Regions (formerly GORs)
UTLA
No response
Yes
No

London Detail

Source: Autism Self-Assessment Framework 2016
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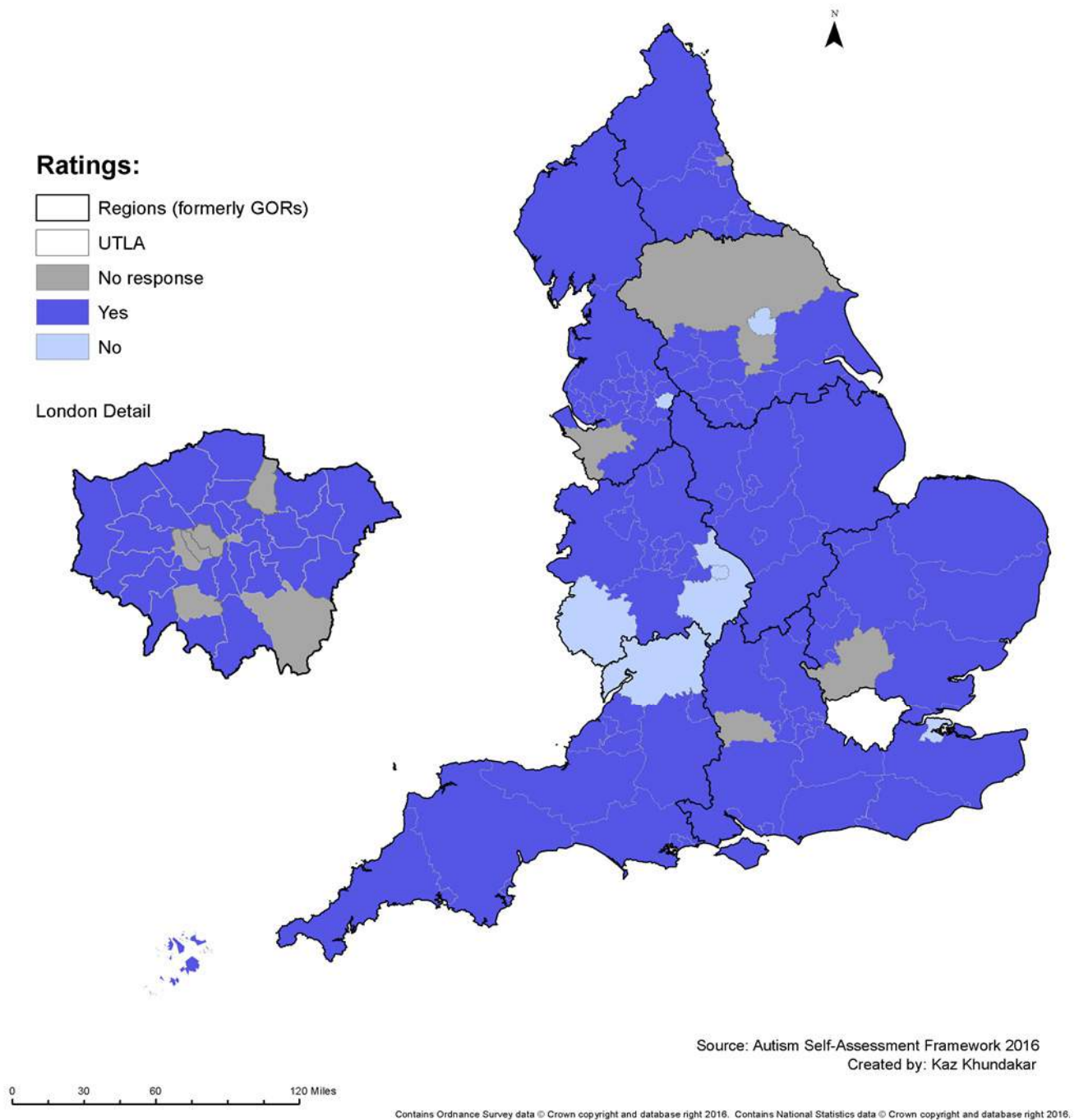
Figure 108: Map showing local authorities' responses to "Is post-diagnostic adjustment support available with local clinical psychology or other services for those people diagnosed with autism and a learning disability?"

Question 38.01: Is post-diagnostic adjustment support available with local clinical psychology or other services for those people diagnosed with autism and without a learning disability? (This question is new this year)

Response	Local authorities
Yes	98 (64%)
No	42 (28%)
No response	12 (8%)

Figure 109 and figure 110 show that:
- overall, 64% responded 'yes' and 28% responded 'no'
- regionally, the highest proportions of 'yes' responses were recorded in South West (81%) and South East (74%)
- regionally, the highest proportions of 'no' responses were recorded in East Midlands (67%) and West Midlands (64%)
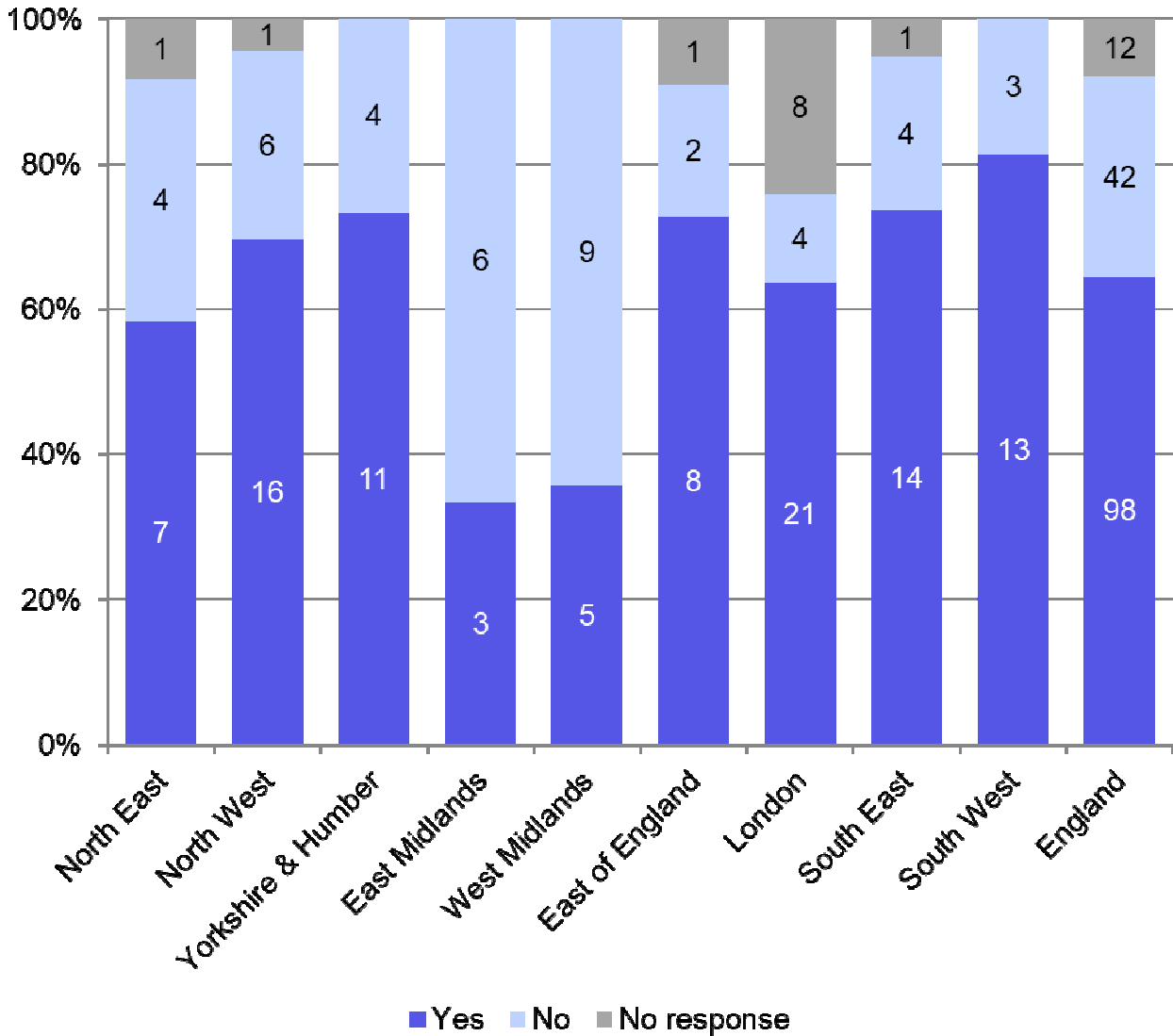
Figure 109: Local authorities' responses by region to "Is post-diagnostic adjustment support available with local clinical psychology or other services for those people diagnosed with autism and without a learning disability?"
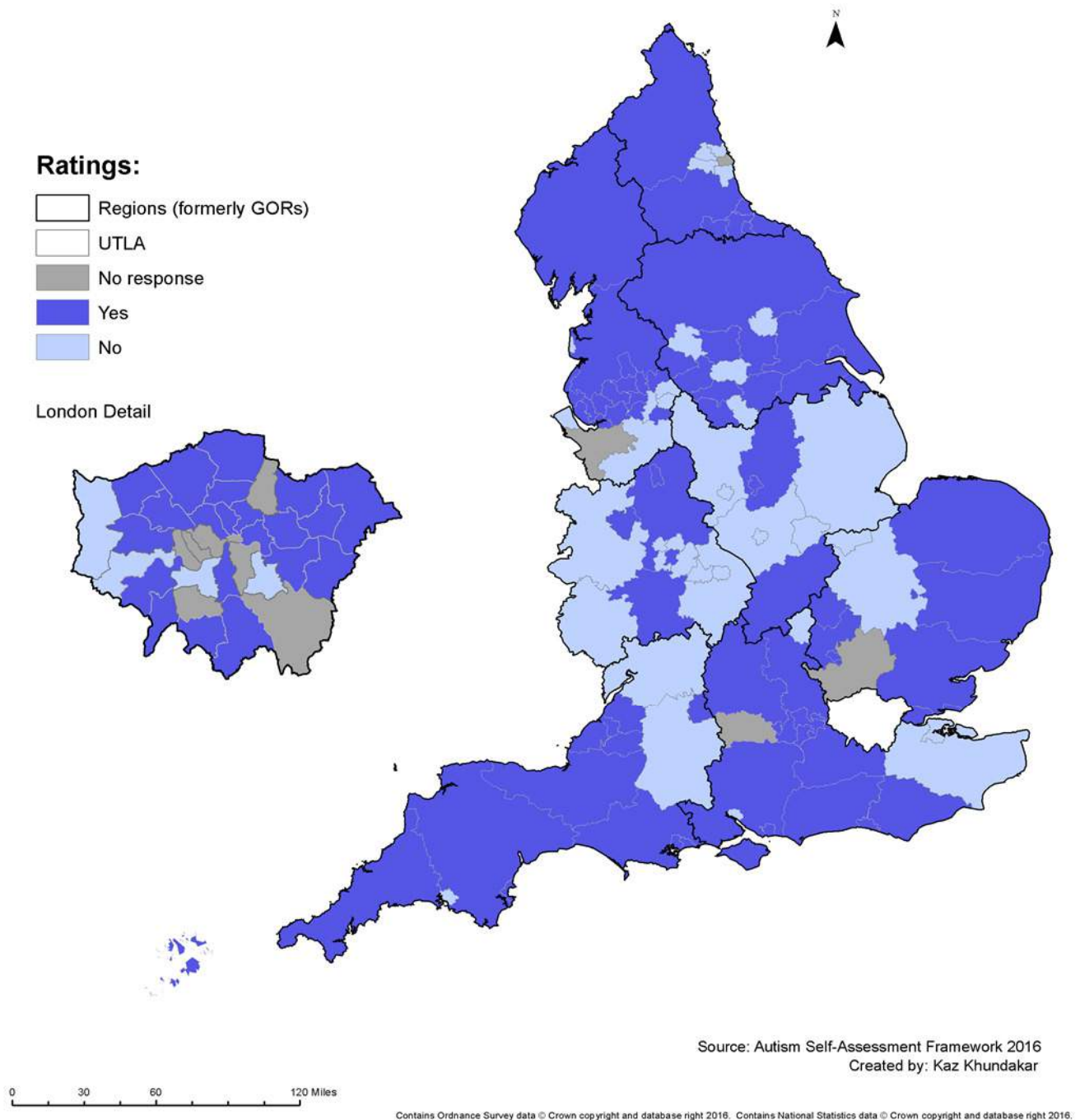
Figure 110: Map showing local authorities' responses by region to "Is post-diagnostic adjustment support available with local clinical psychology or other services for those people diagnosed with autism and without a learning disability?"

Question 39: Do crisis services in your area routinely anticipate and provide for the crisis needs of people with autism but without a learning disability? (This question is new this year)

Mental health crisis services do not provide for people with crises that relate to autism in the absence of acute mental illness

Mental health crisis services will and do respond to mental health crises in people with autism whether or not these involve an acute mental illness

Mental health crisis services will and do respond to mental health crises in people with autism whether or not these involve an acute mental illness. In addition staff have specific training about the needs of people with autism and specialised mental health support has been commissioned for this group and is easily and available within timescales relevant for crisis work

Response	Local authorities
Green	10 (7%)
Amber	100 (66%)
Red	25 (16%)
No response	17 (11%)

Figure 111 and figure 112 show that:
- overall, 7% of boards rated themselves as 'green', 66% rated themselves as amber and 16% rated themselves as 'red'
- regionally, the highest proportions of 'green' ratings were recorded in Yorkshire & Humber (20%)
- regionally, the highest proportions of 'red' ratings were recorded in West Midlands (29%) and East Midlands (22%)
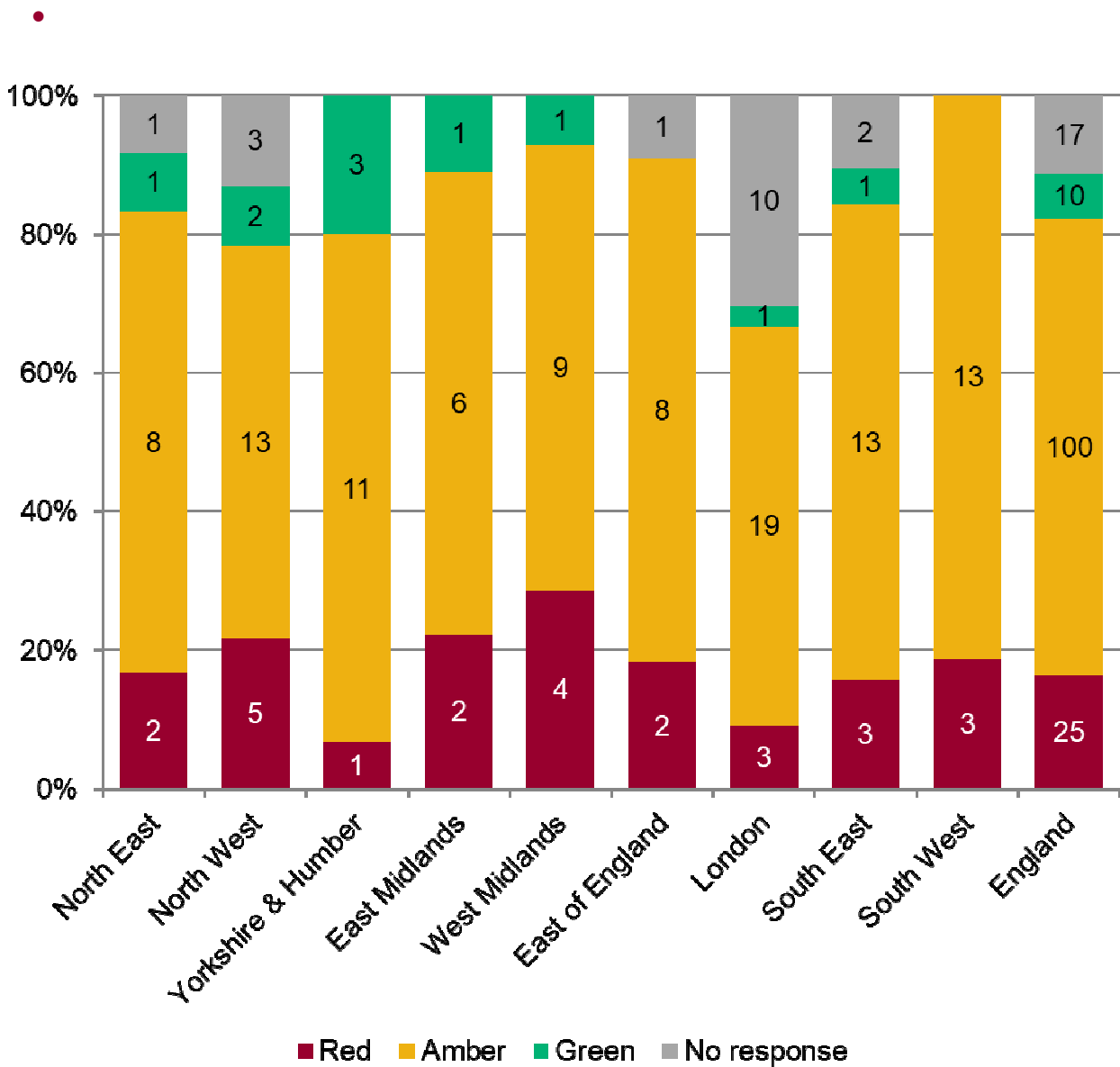
Figure 111: Local authorities' responses by region to "Do crisis services in your area routinely anticipate and provide for the crisis needs of people with autism but without a learning disability?"
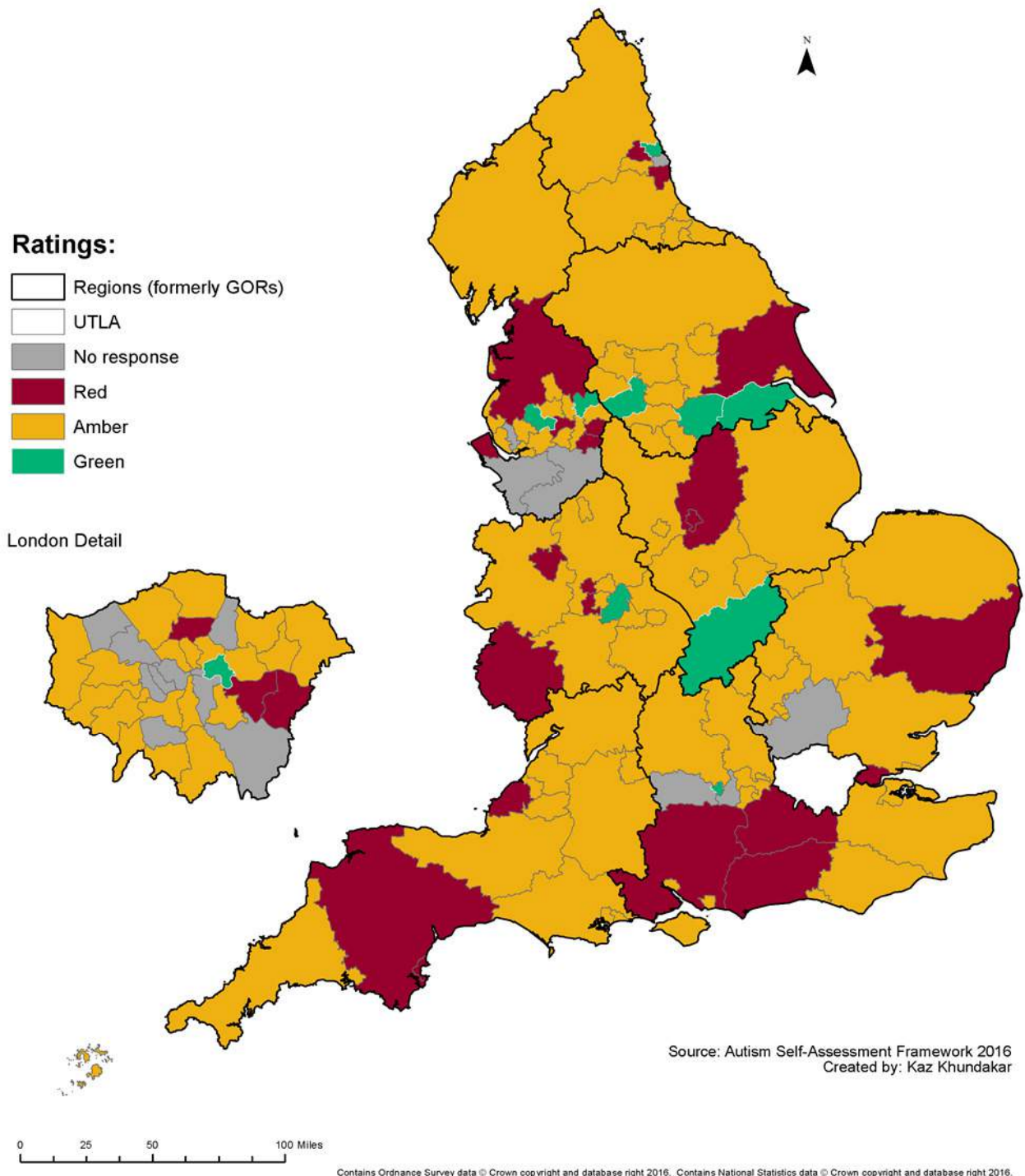
Figure 112: Map showing local authorities' responses to "Do crisis services in your area routinely anticipate and provide for the crisis needs of people with autism but without a learning disability?"

Thematic analysis

One hundred and thirty five localities provided a rating, with 92 localities providing a comment. The self-rated assessment indicators for this question were:

- 25 self-rated red (14 with comments)
- 100 self-rated amber (66 with comments)
- 10 self-rated green (8 with comments)
- 10 no self rating (4 with comments)

The most common response by 28 localities (25 self-rated amber, 3 self-rated green) was that crisis services are inclusive of people with autism without a mental health diagnosis. Four of these areas (all amber) noted that individuals can self-refer to their crisis services so people with autism can refer themselves.

Sixteen areas (9 self-rated red, 7 self-rated amber) noted that although there

> Red: Nottinghamshire: "Currently crisis services do not meet the needs of people with autism who do not have a learning disability. However, as part of the Transforming Care programme we have agreed a contract variation to the Intensive Community Assessment and Treatment Team (ICATT) specification for a one-year pilot enabling the team to respond to people in crisis who have autism without a learning disability. We are currently in the process of agree the timescales for implementation."

may be an initial review, there was no autism specific crisis response for people with autism, unless they had a learning disability or a mental health diagnosis. A further 5 areas (all self-rated amber) stated that although there would be an initial crisis response, without a diagnosed mental health problem the individual would be discharged from the crisis team. Those going through a mental health crisis (whether a formal diagnosis was needed was not specified) were noted by 5 areas to be able to be referred by visiting a GP, going to A&E, or being sectioned.

> Amber: Stoke on Trent: "The Provider Trust has a dedicated 24/7 Mental Health Access Team that provides crisis services in the form of assessment, short term home based interventions and signposting/onwards referrals to specialist MH and LD services where and when needed. The service does not require professional referral and has no referral criteria, making it accessible and responsive to anyone who makes contact. Reasonable adjustments will always be made to make sure that people have an assessment of their current needs which is timely, responsive, effective and of high quality. The Mental Health Access Team and Home Treatment will assess the acute mental health of people with autism and provide a service based on needs and risk."

Four areas (1 self-rated red, 3 self-rated amber) noted they recognise that they have a gap in their provision for people with autism with no learning disabilities or mental health diagnosis.

Twenty five local authorities (5 self-rated red, 20 self-rated amber) highlighted that services catering for the needs of people with autism but without an acute mental illness are in development. This included all

stages of development from initial conversations to consider how to change services, to projects with clear implementation dates.

Autism training for mental health staff was noted by 17 areas (2 self-rated red, 13 self-rated amber, 2 self-rated green). This varied from e-training modules to longer courses. Other reasonable adjustments were highlighted by 5 localities (all self-rated amber).

Two areas (both self-rated amber) noted that their services aim to prevent crises from occurring, one through post-diagnostic support and the other through the redesign of their service to provide help for those with autism who are not eligible for social care.
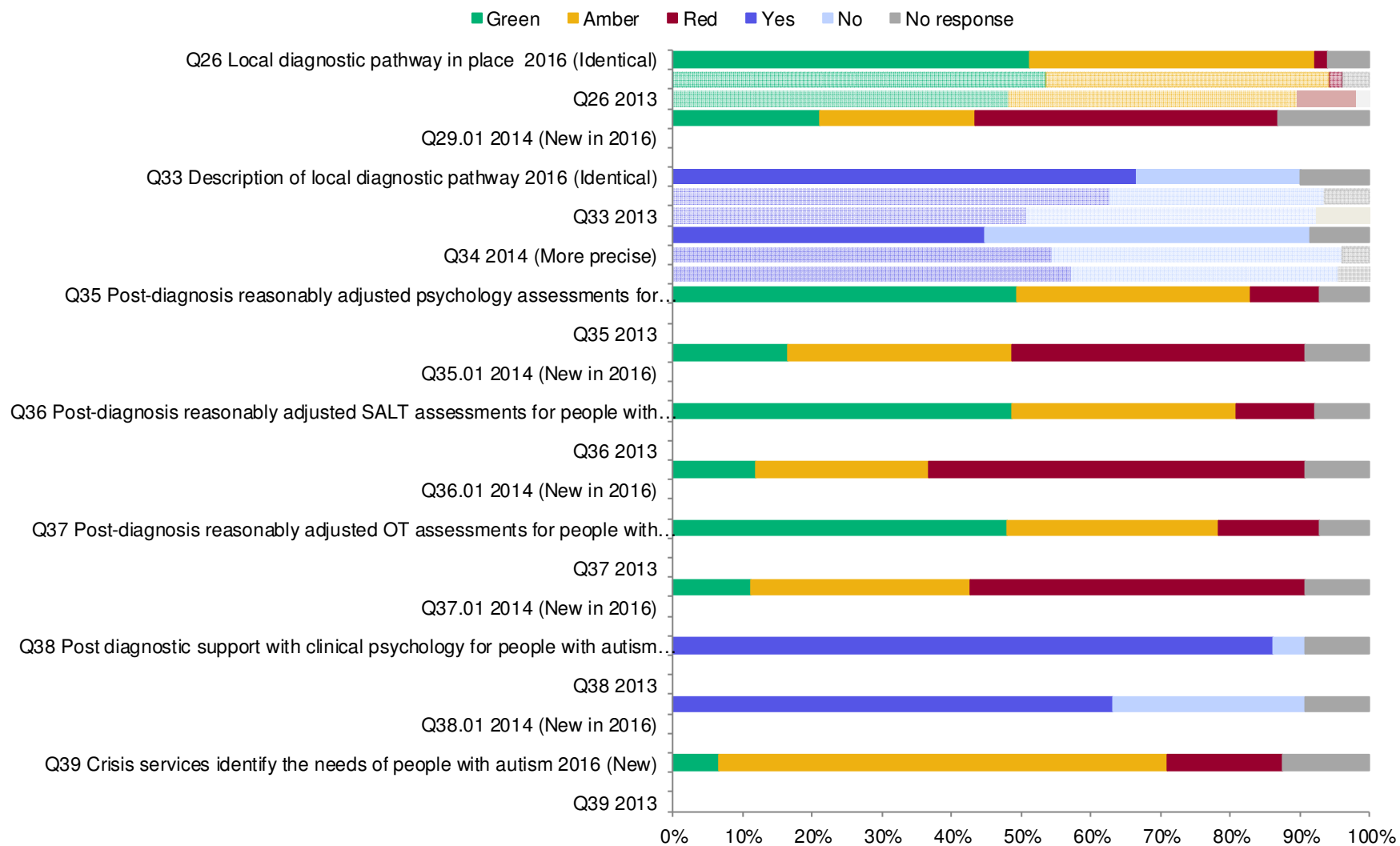
Figure 113: Three-year (2013, 2014 and 2016) comparison of proportions of ratings by local authorities for the questions in the Diagnosis led by the local NHS commissioner section

Care and support

Background

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

In Think Autism, Priority Challenge 9 sets out what is required here: "I want staff in health and social care services to understand that I have autism and how this affects me." Personalisation is intended to help ensure not only that there is a recognition of people's individual needs but also that services can be configured to meet them.

Findings

Thirty three (22%) local authorities reported having a single identifiable point of contact where people with autism could find autism-friendly entry points for a wide range of local services. One hundred and twenty one (80%) reported having a recognised pathway for people with autism but without a learning disability to access a community care assessment.

Sixty five (43%) stated that there was a programme in place which ensured all advocates working with people with autism have training in the specific requirements. Eighty eight (58%) local authorities reported that adults with autism have access to appropriately trained advocates to participate in needs assessments, care and support planning, appeals, reviews or safeguarding processes. One hundred and thirty eight (91%) reported that people with autism that are not eligible under the Care Act or not eligible for statutory services can access support.

One hundred and eighteen (78%) gave themselves the highest (green) rating for the question as to whether assessments are offered for carers of people assessed as having autism and eligible for social care support

The national median of reported rates of adults assessed as being eligible for adult social care services who have a diagnosis of autism and in receipt of a personal budget was 34.9 per 100,000 population. Of these, 15.1% had a diagnosis of autism but not a learning disability and 83.2% had a diagnosis of both autism and a learning disability.

Performance improved in the following areas compared to 2014:
- programme to ensure all advocated working with people with autism have training (up 7%)
- advocates available for people with autism not participating in needs assessments, care and support planning, appeals or safeguarding processes (up 10%)
- assessments to carers of people assessed as having autism and eligible for social care (up 11%)

Performance has deteriorated in the following areas compared to 2014:
- recognised pathway for people with autism but without a learning disability to access a care assessment and other support (down 7%)

Performance remained more or less unchanged in the following areas:
- access to support for people with autism not eligible under the Care Act
- access to the level of information about local support to people with autism

Question 40 is the same as last year, but has been broken down into its component parts slightly differently from last year. The responses to question 40 are therefore separated out as follows:

Question 40.01: What is the number of adults assessed as being eligible for adult social care services who have a diagnosis of autism and in receipt of a personal budget? (This question is similar to 2014)

Question 40.02: What is the number of those reported who have a diagnosis of autism but not learning disability? (This question is identical to 2014)

Question 40.03: What is the number of those reported who have both a diagnosis of autism AND learning disability? (This question is identical to 2014)

The responses to these three questions are analysed in the following pages.

Question 40.01: What is the number of adults assessed as being eligible for adult social care services who have a diagnosis of autism and in receipt of a personal budget? (This question is similar to 2014)

The responses provided are displayed by region below as rates:
- the median reported rate was 34.9 per 100,000
- the North East reported the highest median rate: 63.1 per 100,000
- the Yorkshire and Humber reported the lowest median rate: 23.6 per 100,000
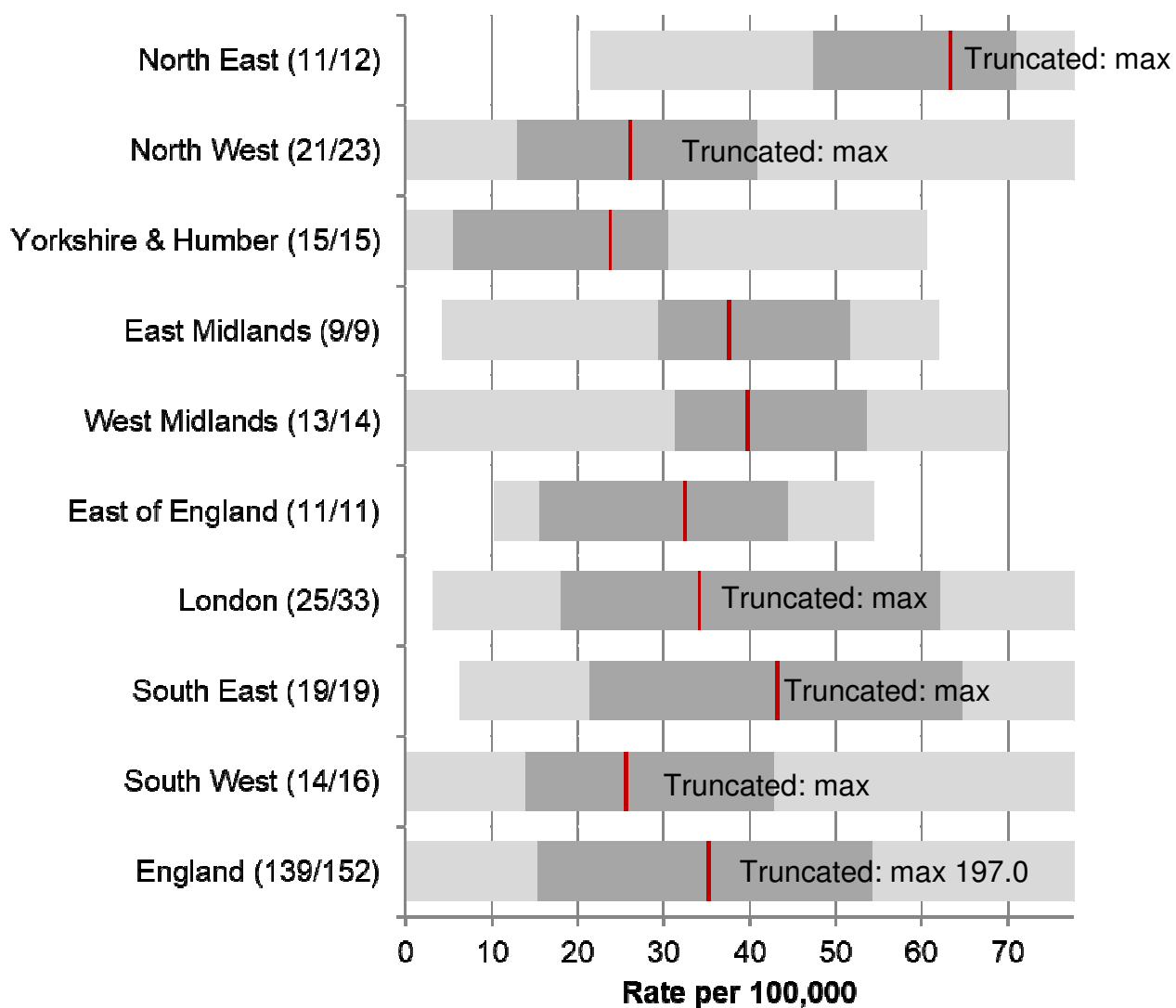
Figure 114: Rate of adults assessed as being eligible for adult social care services and in receipt of a personal budget by region

Ratings:

- Regions (formerly GORs)
- UTLA
- No response
- Less than 13
- 13 to 27.4
- 27.5 to 40.2
- 40.3 to 60.7
- Greater than 60.7

London Detail

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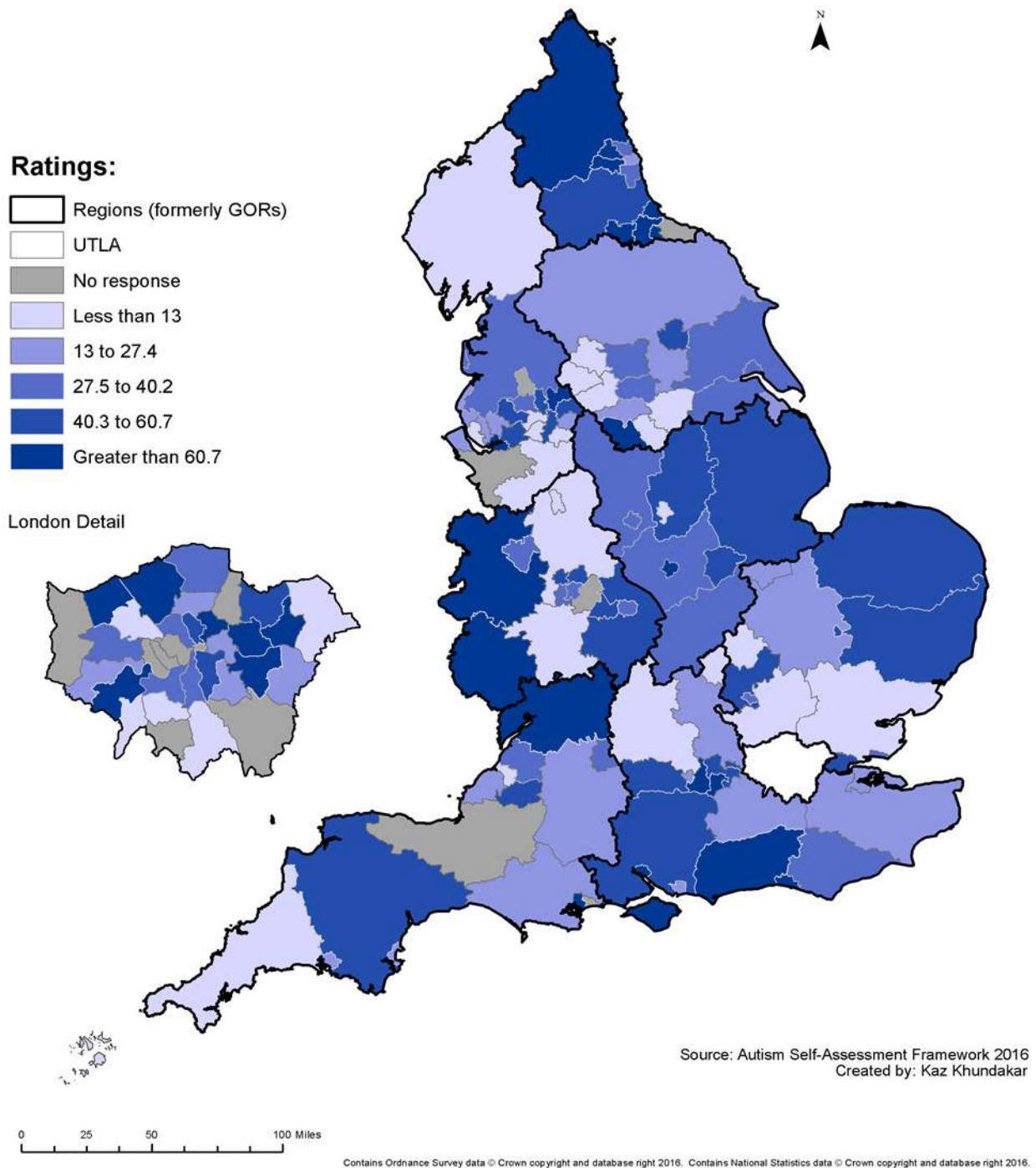
Figure 115: Map showing rate of adults assessed as being eligible for adult social care services and in receipt of a personal budget by local authority

Question 40.02: What is the number of those reported who have a diagnosis of autism but not learning disability? (This question is identical to 2014)

The responses provided are displayed by region below as percentages:
- the median reported percentage was 15.1%
- the East Midlands reported the highest median percentage: 33.3%
- London reported the lowest median percentage: 7.1%
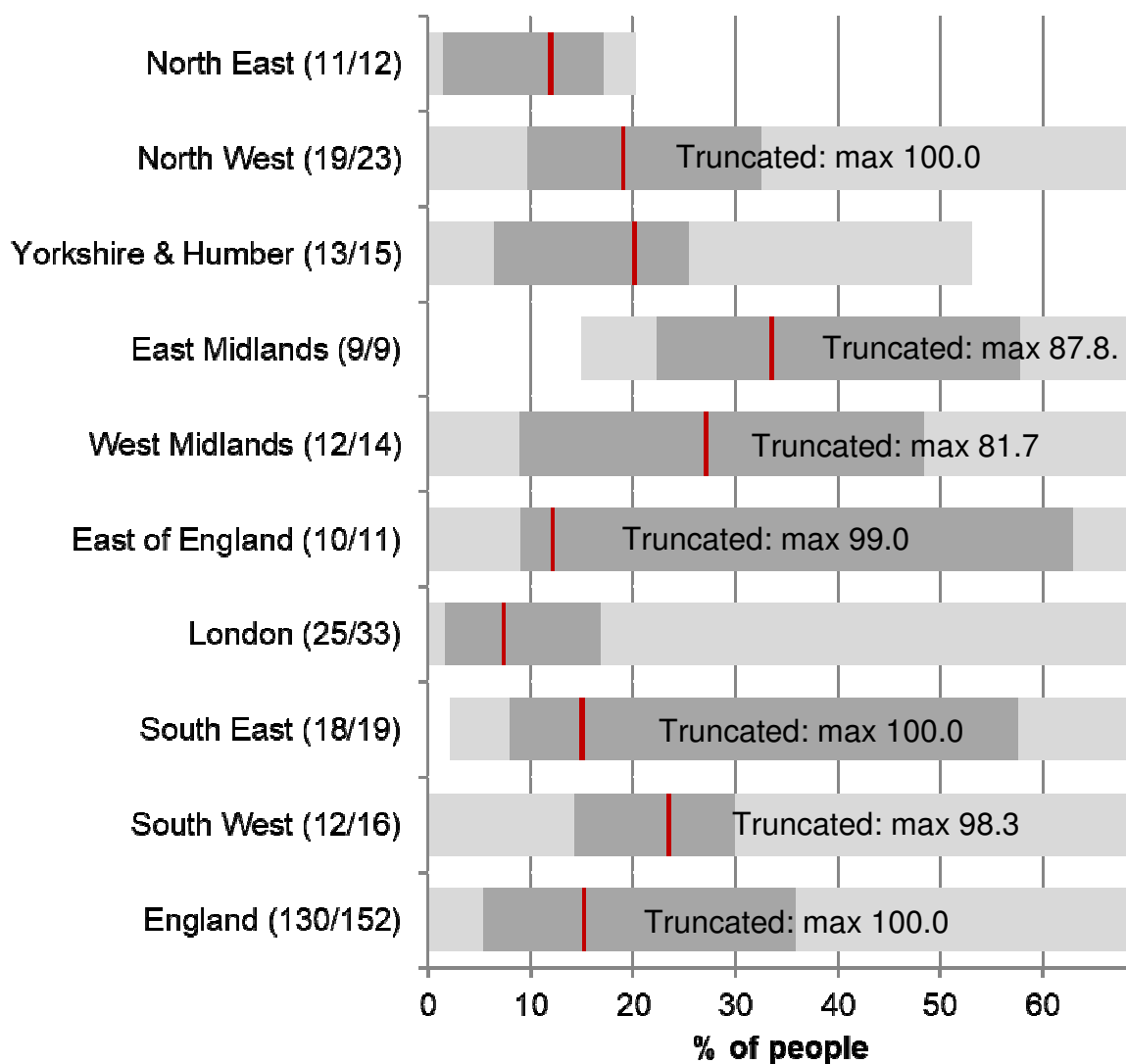
Figure 116: Percentage of adults in Q40.01, who have a diagnosis of autism but not learning disability
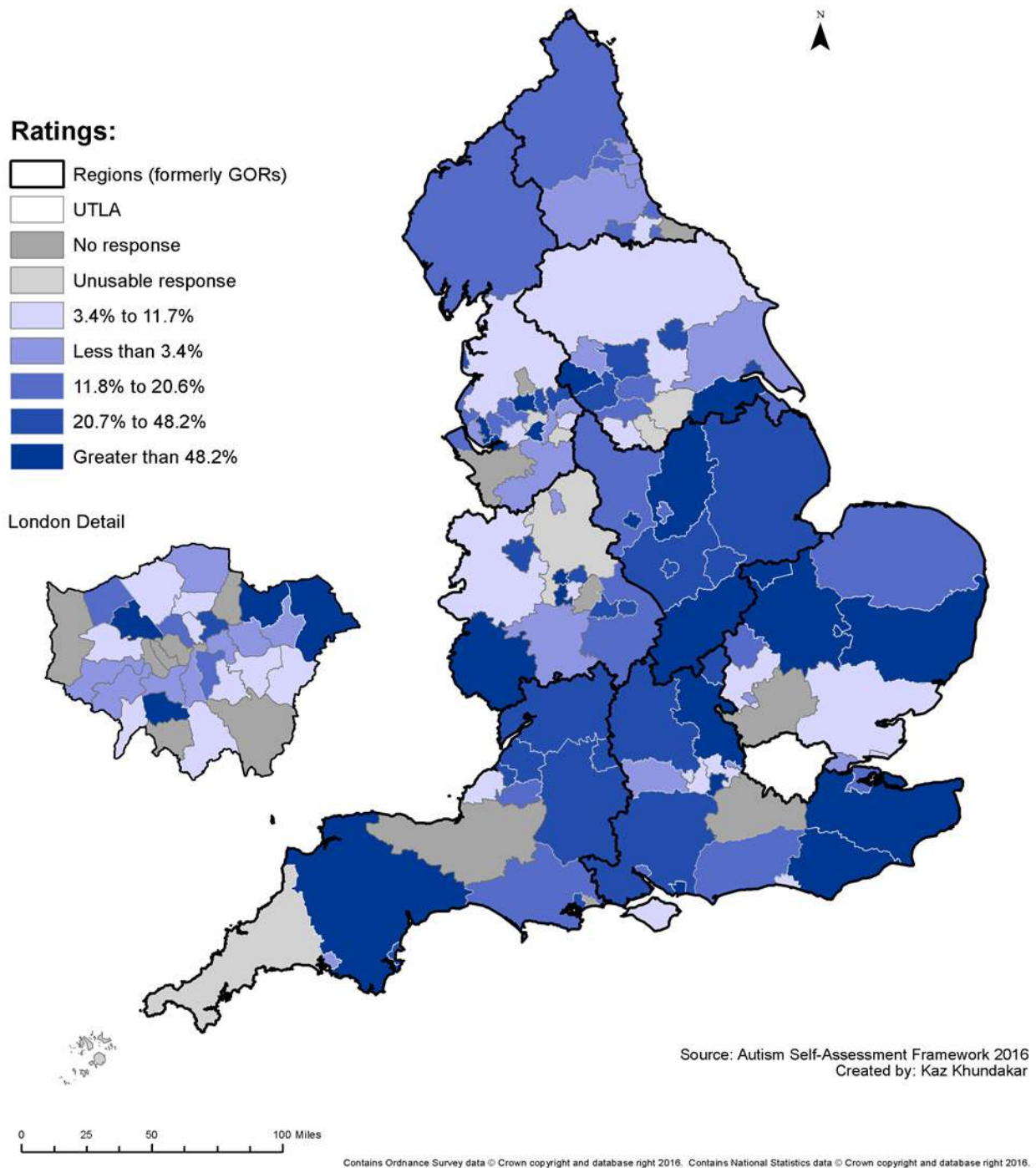
Figure 117: Map showing the percentage of adults in Q40.01, who have a diagnosis of autism but not learning disability

Question 40.03: What is the number of those reported who have both a diagnosis of autism AND learning disability? (This question is identical to 2014)

The responses provided are displayed by region below as percentages:
- the median reported percentage was 83.2%
- London reported the highest median percentage: 94.2%
- the East Midlands reported the lowest median percentage: 66.6%
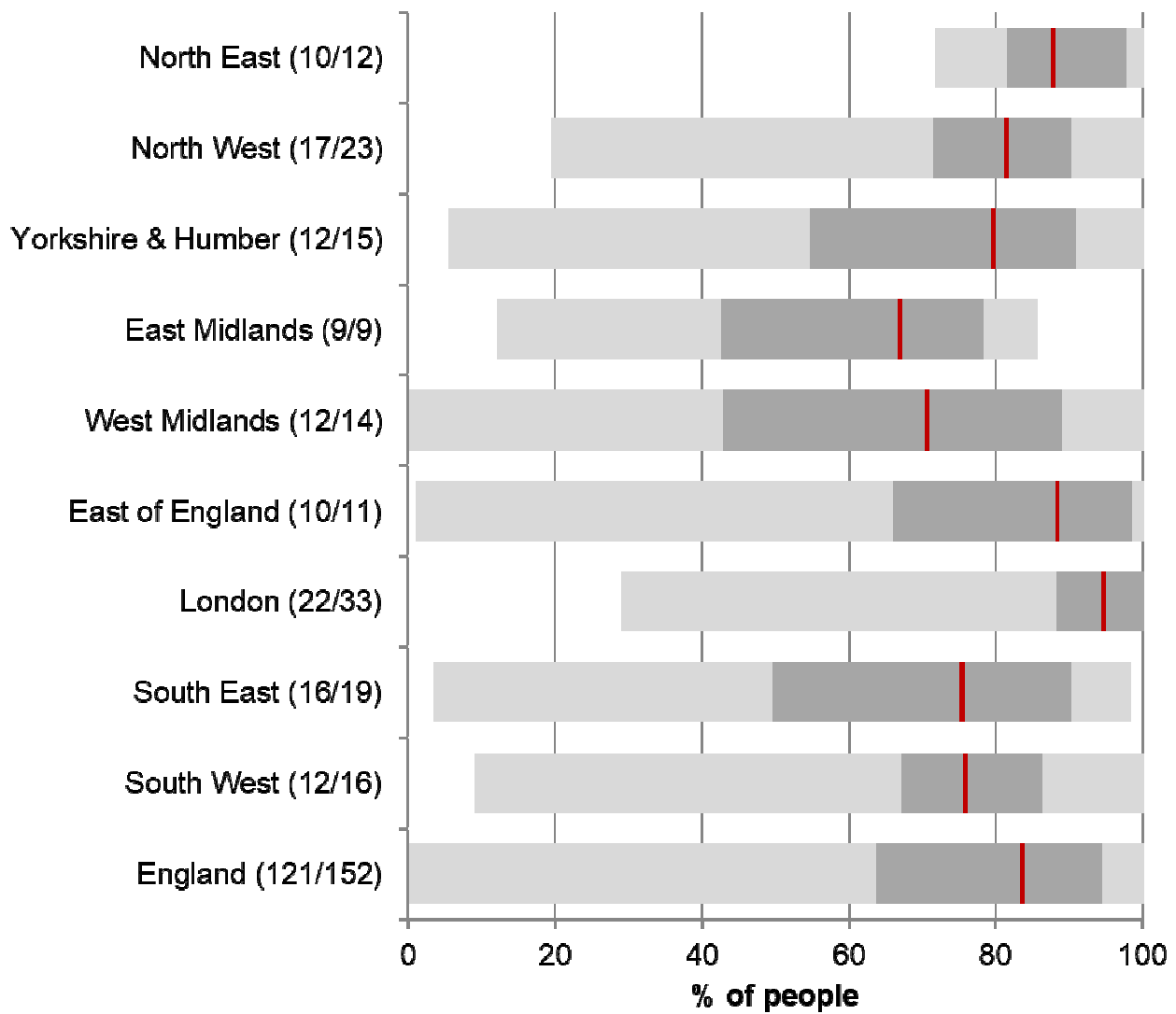
Figure 118: Percentage of adults in Q40.01, who have a diagnosis of autism and learning disability
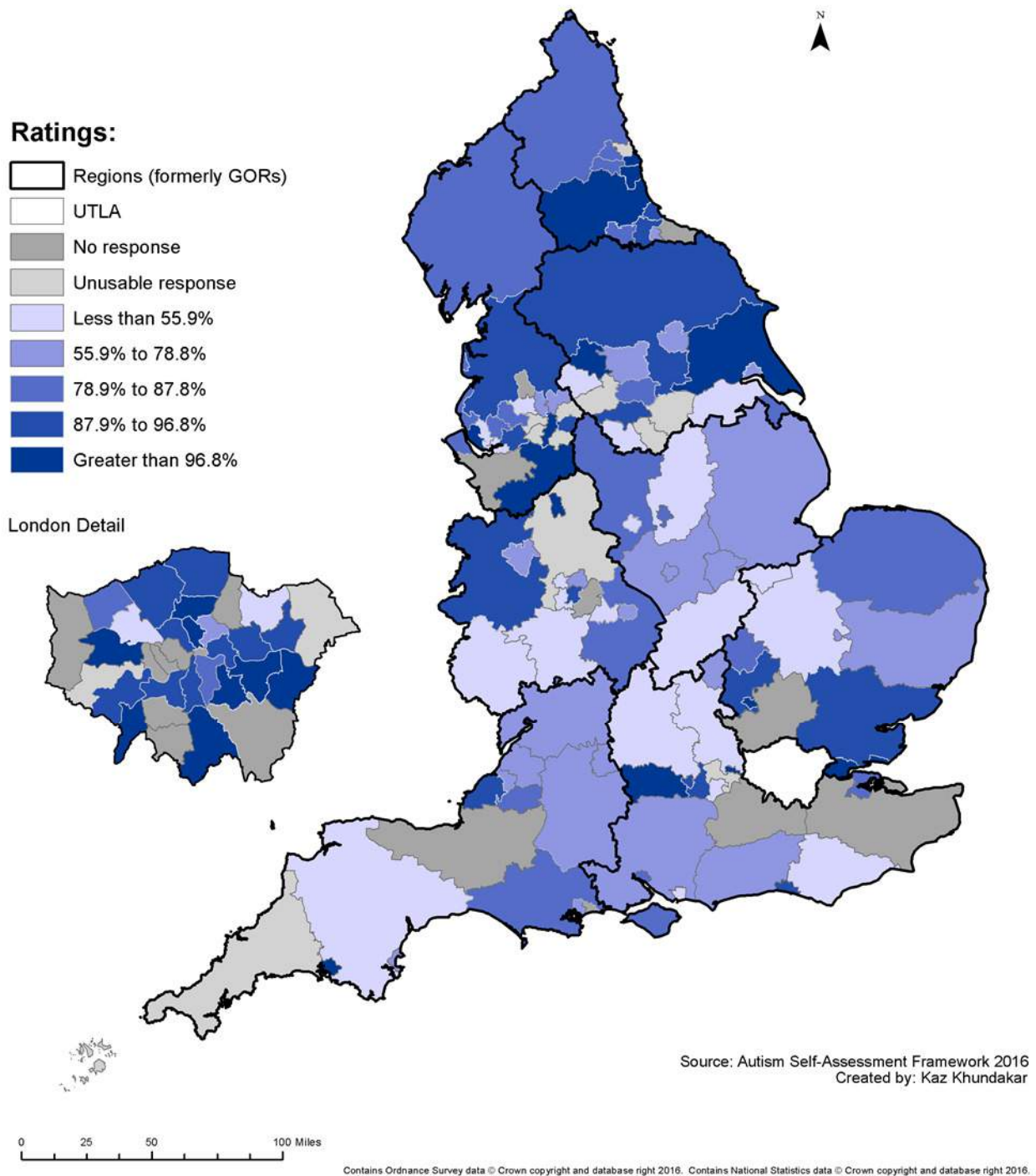
Figure 119: Map showing percentage of adults in Q40.01, who have a diagnosis of autism and learning disability

Question 41: Do you have a single identifiable contact point where people with autism whether or not in receipt of statutory services can get information signposting autism-friendly entry points for a wide range of local services? (This question is identical to 2014)

Autism-specific access point

Single point of access with autism specific reasonable adjustments at entry point

General entry point
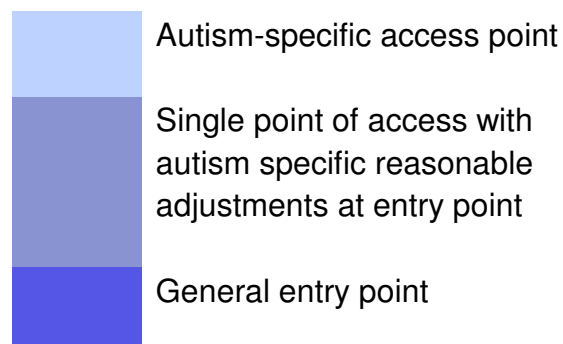
Response	Local authorities	Local authorities in 2014
Autism-specific	32 (21%)	77 (51%)
Single	33 (22%)	34 (22%)
General	79 (52%)	37 (24%)
No response	8 (5%)	4 (3%)

Figure 120 and figure 121 show that:
- overall, 52% reported having a general access point, 22% single and 21% as autism-specific
- regionally, the highest proportions of autism- specific access points were recorded in South East (58%)
- regionally, the highest proportions of general access points were recorded in Yorkshire & Humber (73%)
- regionally, the highest proportions of single access points were recorded in East Midlands (55%)
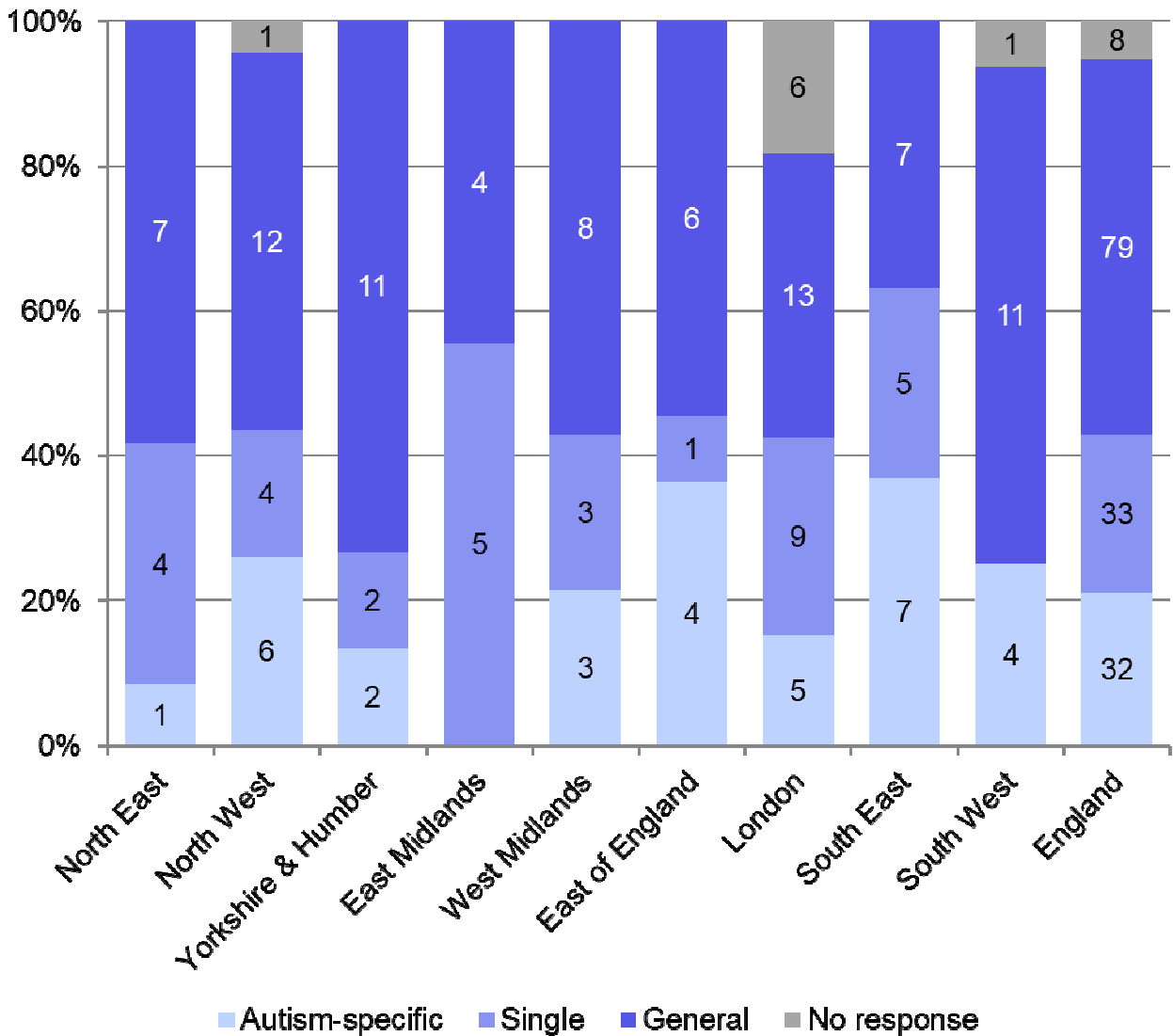
Figure 120: Local authorities' responses by region to "Do you have a single identifiable contact point where people with autism whether or not in receipt of statutory services can get information signposting autism-friendly entry points for a wide range of local services?"
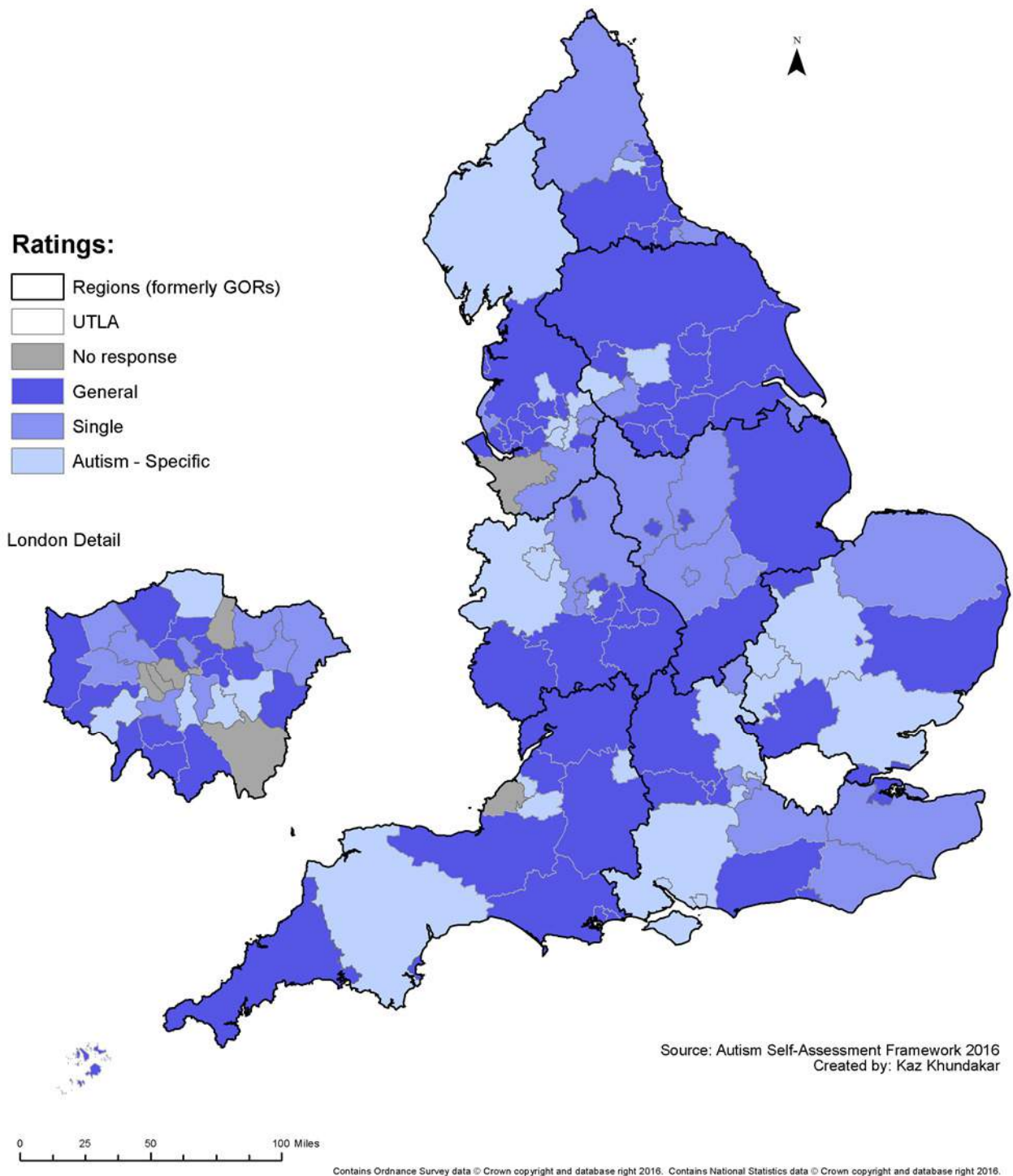
Figure 121: Map showing local authorities' responses to "Do you have a single identifiable contact point where people with autism whether or not in receipt of statutory services can get information signposting autism-friendly entry points for a wide range of local services?"

Question 42: Do you have a recognised pathway for people with autism but without a learning disability to access a care assessment and other support? (This question is identical to 2013 and 2014)

Response	Local authorities	Local authorities in 2014	Local authorities in 2013
Yes	121 (80%)	132 (87%)	119 (78%)
No	23 (15%)	16 (11%)	32 (21%)
No response	8 (5%)	4 (3%)	1 (1%)

Figure 122 and figure 123 show that:
- overall, 80% responded 'yes' and 15% responded 'no'
- regionally, the highest proportions of 'yes' responses were recorded in South East (100%) and East of England (91%)
- regionally, the highest proportions of 'no' responses were recorded in Yorkshire & Humber (40%) and West Midlands (21%)
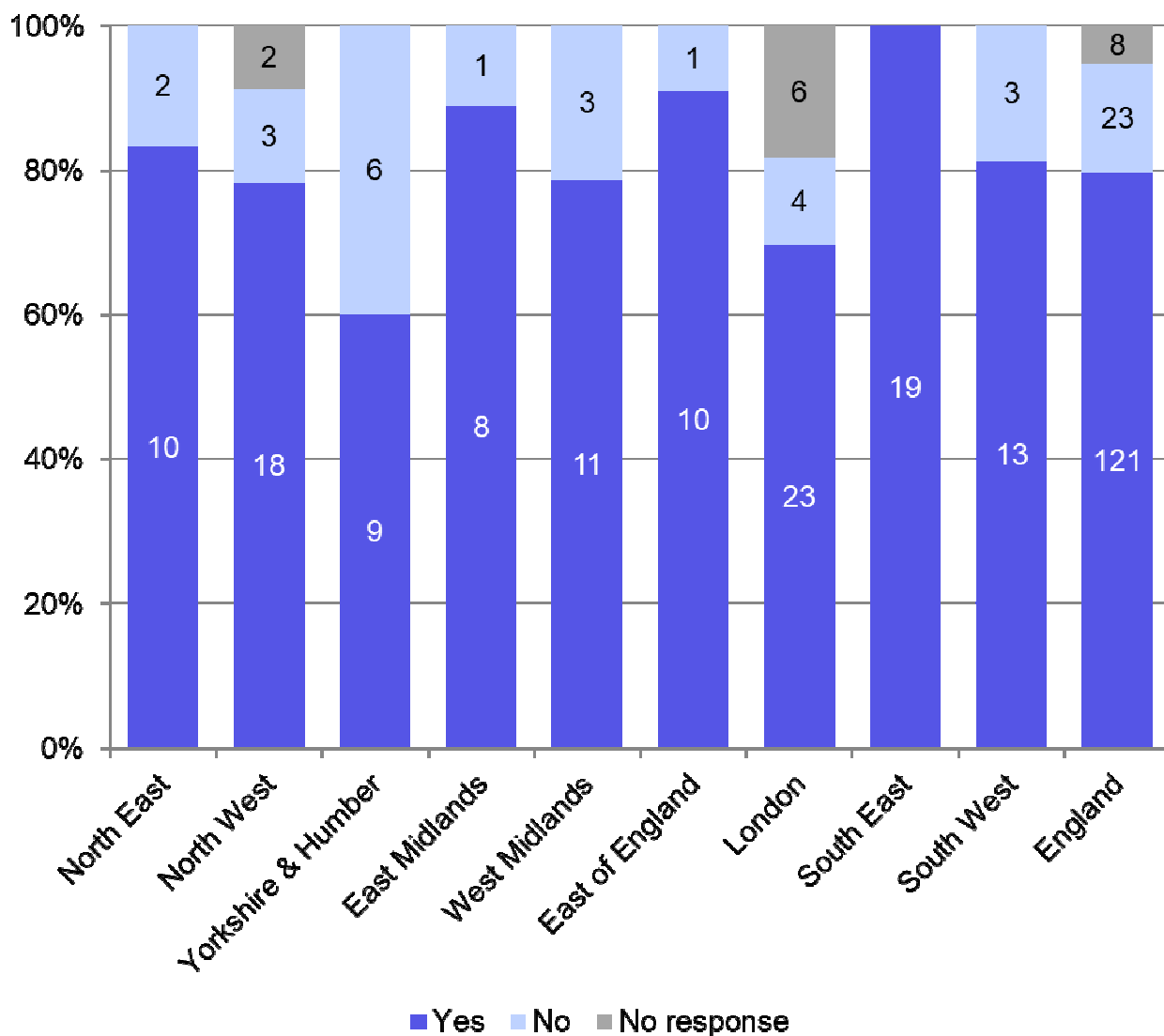
Figure 122: Local authorities' responses by region to "Do you have a recognised pathway for people with autism but without a learning disability to access a care assessment and other support?"
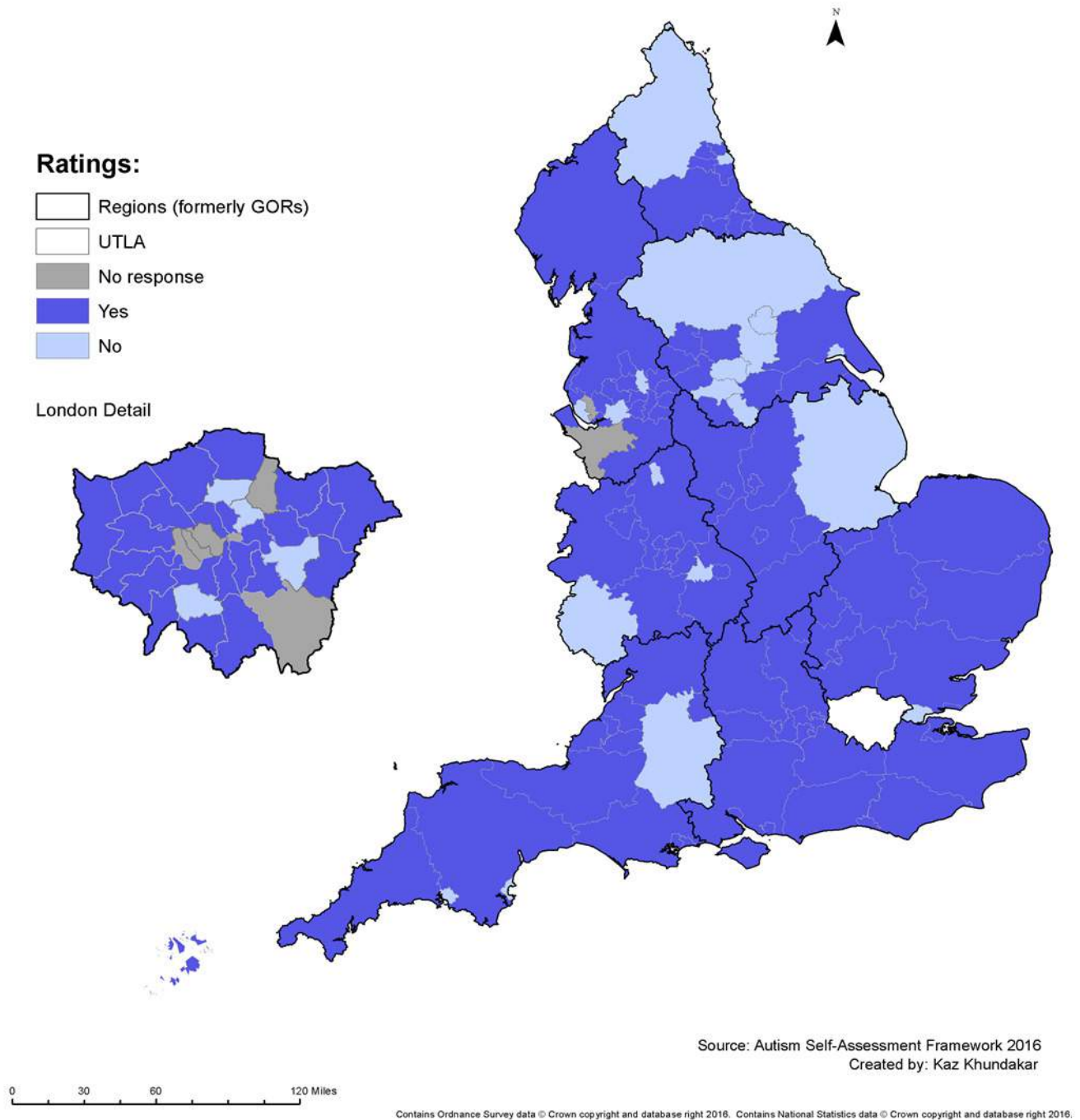
Figure 123: Map showing local authorities' responses to "Do you have a recognised pathway for people with autism but without a learning disability to access a care assessment and other support?"

Thematic analysis

One hundred and forty four localities answered yes or no, with 132 localities providing a comment. The self-rated assessment indicators for this question were:

- 121 self-rated Yes (106 with comments)
- 23 self-rated No (16 with comments)

The same question was asked in the 2013 and 2014 autism self-assessments. No thematic analysis of comment responses was undertaken in the 2014 report but where appropriate results from the 2013 thematic analysis have been compared with the present responses. The number of areas answering yes to this question rose from 119 in 2013 to 132 in 2014 but fell back to 121 in the 2016 results.

Yes: Rochdale: "We have a designated social work service, Specialist Services, that provides an assessment and support planning service for people with Autism. The service covers people both with and without learning disabilities. We assess via referral from the individual, families and professionals. in terms of assessment, people have the option of either a home visit or people can choose to book an appointment at our weekly assessment clinic."

Thirty nine localities (3 no; 36 yes) noted that the pathway in their area for an assessment for social care was generic. Many used terms such as open door, front door, people's front door, access centre, first point of contact centre, to describe the route that an individual would use as a first step to requesting a social care assessment. These routes were described as generic and often a port of call for any enquiry regarding local authority services.

Training for staff in these access centres was noted by 6 areas (all yes), who noted that their staff had received autism awareness training or that training for staff was planned. 5 areas (1 no; 4 yes) highlighted that their assessments are open to anyone who might request an assessment.

Yes: Central Bedfordshire: "The Council's pathway for people with autism who do not have a Learning Disability to access a care assessment or other support is the same as our customers who have a sole diagnosis of Learning Disability, although appropriate reasonable adjustments are made as required. The Adult Autism Service at ELFT has a clear identified pathway to local authority services."

Fifteen areas (8 no; 7 yes) highlighted that their pathway was at some stage of development. This included areas that had no current pathway but also areas which had an existing pathway but were making changes.

The existence of an Asperger, autism spectrum or other specialist team was highlighted by 17 areas (all yes). These teams were part of the autism pathway for those without a learning disability or mental health problem. The number of localities with specific teams has almost doubled since 2013, when this question was first thematically analysed as part of the Autism Self-Assessment Framework.

No: Haringey: "We are developing an autism pathway. Currently if you don't have a learning disability, physical disability, mental health or are an older person, then there is no pathway for you. The proposal is to have an autism pathway in adult social care."

Nine areas stated that they had a recognised pathway for people with autism but without a learning disability. All of these described pathways which led into either learning disability or mental health services.

Question 43: Do you have a programme in place to ensure that all advocates working with people with autism have training in their specific requirements? (This question is identical to 2014)

Programme in place, all advocates are covered

Programme in place, not all advocates are covered

No programme in place
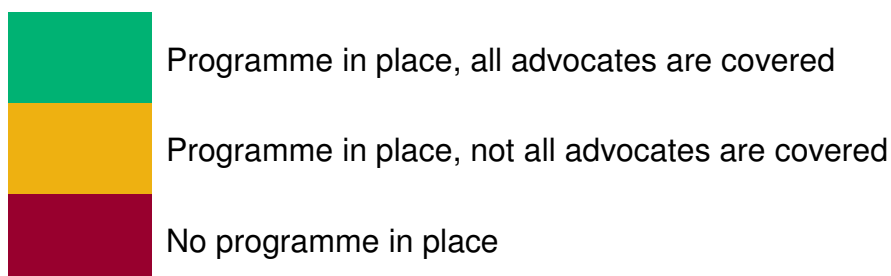
Response	Local authorities	Local authorities in 2014	Local authorities in 2013
Green	65 (43%)	54 (36%)	56 (37%)
Amber	63 (41%)	76 (50%)	72 (47%)
Red	17 (11%)	18 (12%)	22 (14%)
No response	7 (5%)	4 (3%)	2 (1%)

Figure 124 and figure 125 show that:
- overall, 43% of boards rated themselves as 'green', 41% rated themselves as amber and 11% rated themselves as 'red'
- regionally, the highest proportions of 'green' ratings were recorded in East of England (73%) and East Midlands (67%)
- regionally, the highest proportions of 'red' ratings were recorded in North East (25%) and South West (25%)
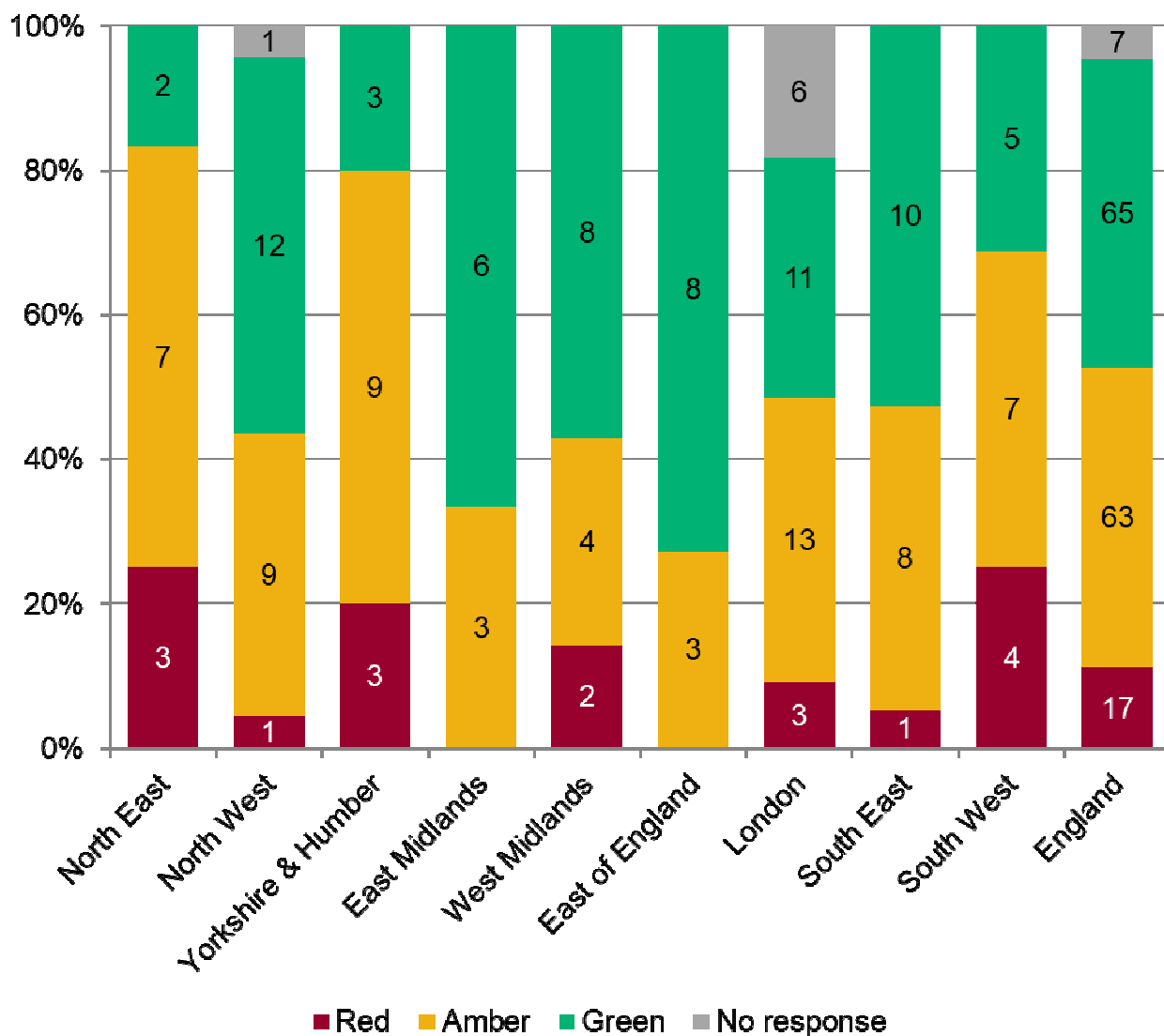
Figure 124: Local authorities' responses by region to "Do you have a programme in place to ensure that all advocates working with people with autism have training in their specific requirements?"
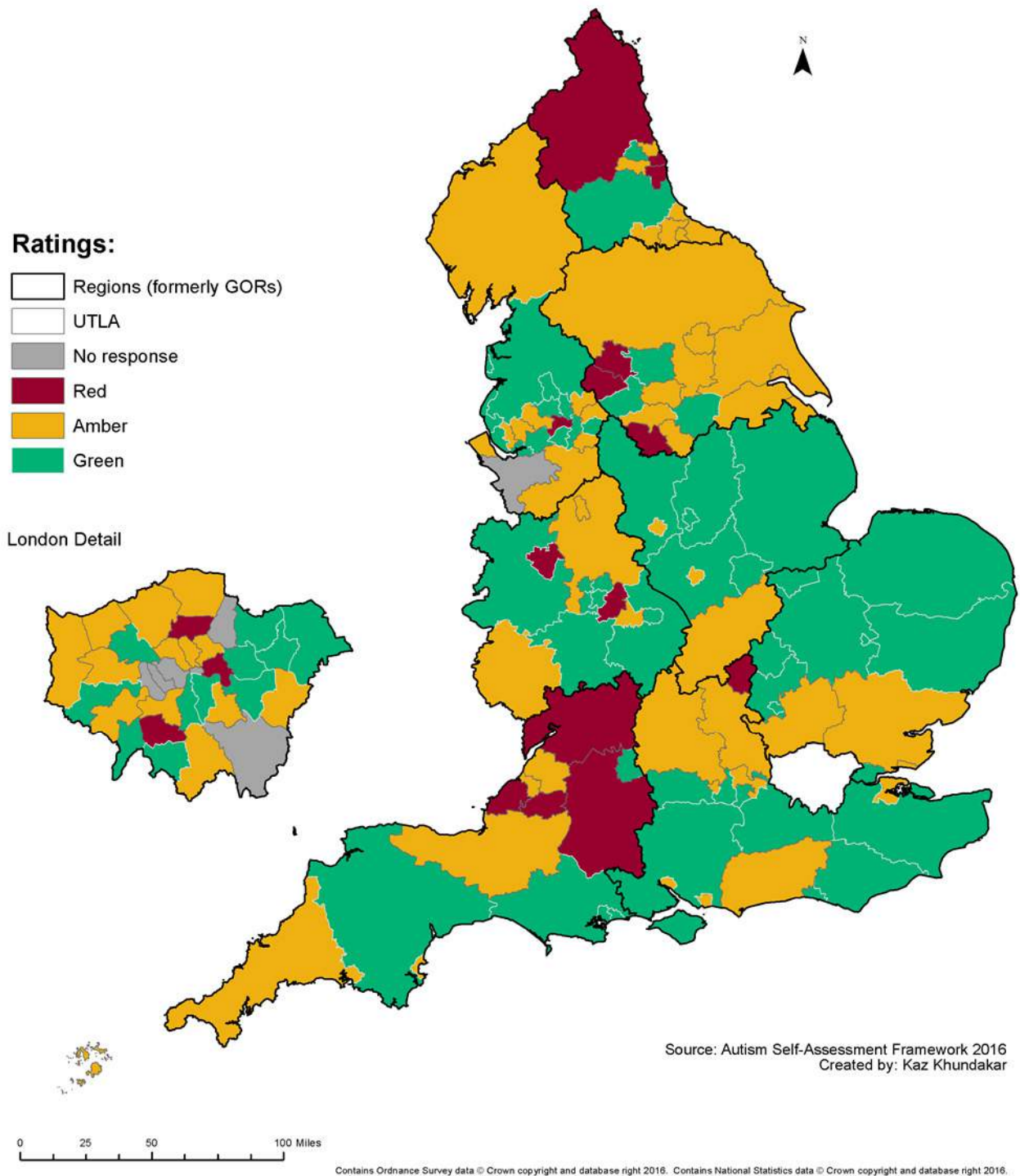
Figure 125: Map showing local authorities' responses to "Do you have a programme in place to ensure that all advocates working with people with autism have training in their specific requirements?"

Question 44: Do adults with autism who could not otherwise meaningfully participate in needs assessments, care and support planning, appeals, reviews, or safeguarding processes have access to an appropriately trained advocate? (This question is identical to 2014).

Yes. There are mechanisms in place to ensure that all advocates working with adults with autism have received specialist autism training

Yes. Local advocacy services are working at becoming autism-aware

No autism specific advocacy service available

This question was modified to clarify the requirement for appropriate training of advocates.

Response	Local authorities	Local authorities in 2014
Green	88 (58%)	73 (48%)
Amber	53 (35%)	66 (43%)
Red	4 (3%)	9 (6%)
No response	7 (5%)	4 (3%)

Figure 126 and figure 127 show that:
- overall, 58% of boards rated themselves as 'green', 35% rated themselves as amber and 3% rated themselves as 'red'
- regionally, the highest proportions of 'green' ratings were recorded in West Midlands (86%) and East of England (82%)
- North East, Yorkshire and Humber and London had 1, 1 and 2 local authorities respectively, rating themselves as 'red'
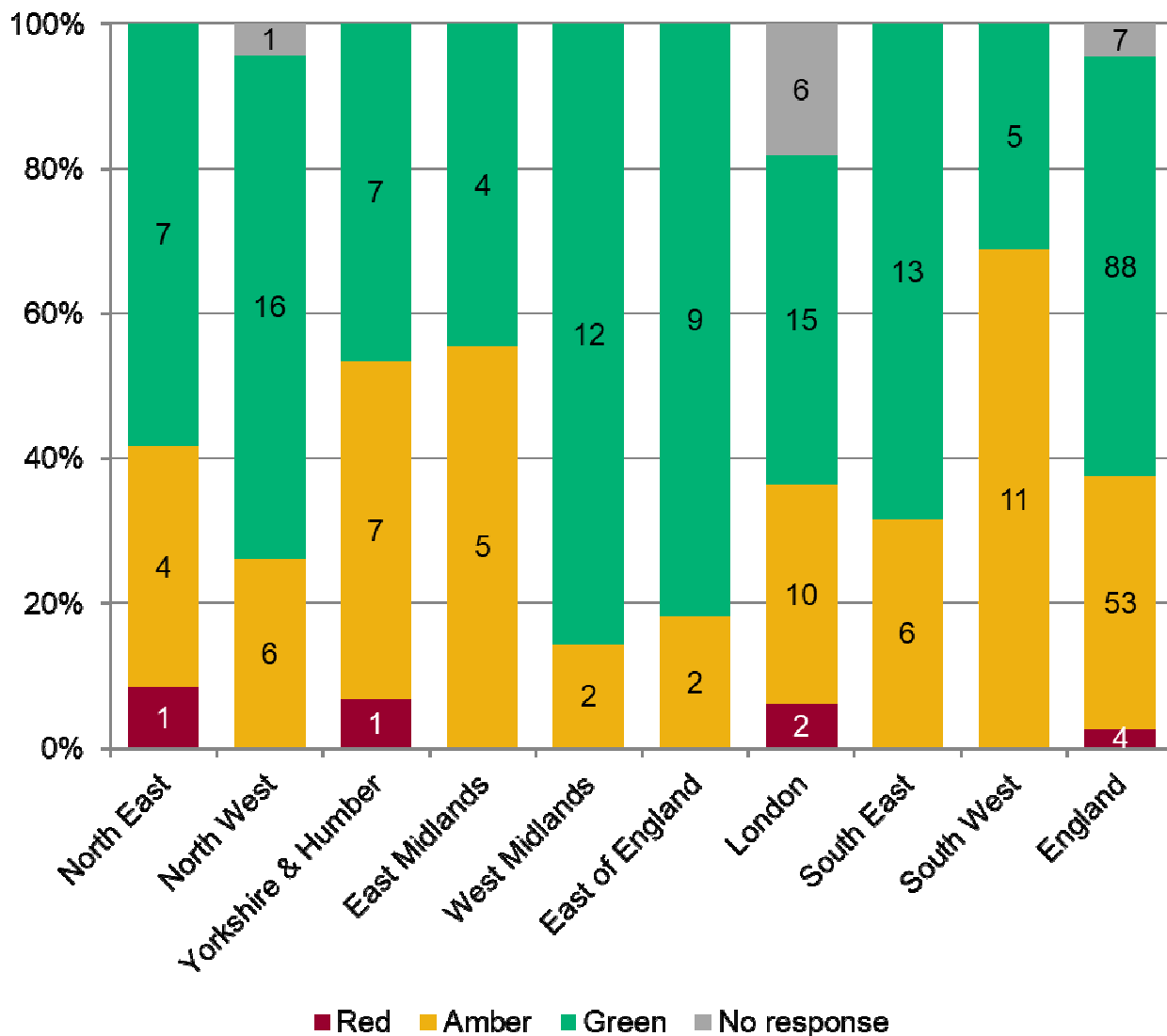
Figure 126: Local authorities' responses by region to "Do adults with autism who could not otherwise meaningfully participate in needs assessments, care and support planning, appeals, reviews, or safeguarding processes have access to an appropriately trained advocate?"
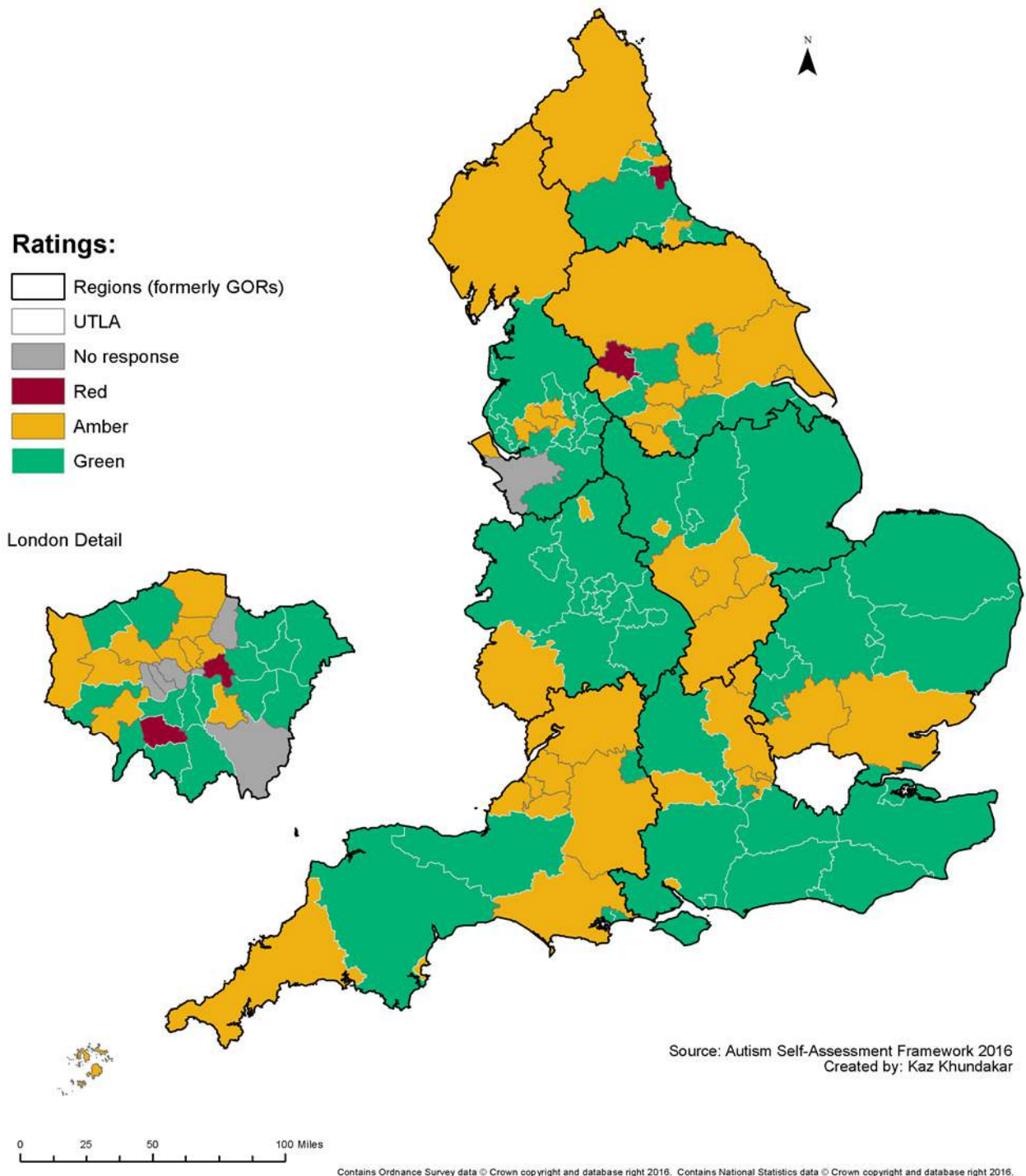
Figure 127: Map showing local authorities' responses to "Do adults with autism who could not otherwise meaningfully participate in needs assessments, care and support planning, appeals, reviews, or safeguarding processes have access to an appropriately trained advocate?"

Thematic analysis

One hundred and forty five localities provided a rating, with 116 localities providing a comment. The self-rated assessment indicators for this question were:
- 4 self-rated red (1 with comments)
- 53 self-rated amber (38 with comments)
- 88 self-rated green (77 with comments)

The most common response from localities was that providers of their advocacy service had all received training in supporting people with autism. A further 6 areas (4 self-rated amber, 2 self-rated green) noted that most of their advocates had been trained in how to support individuals with autism. Eleven areas (1 self-rated amber, 10 self-rated green) noted that their advocacy service matches people with autism with appropriately trained advocates, enabling people to be supported by advocates with experience of supporting people with autism.

> Amber: North Somerset: "Advocacy services within North Yorkshire were recently re-procured in January 2016 on a 3 + 2 year contract. The new specification states that 'in addition to completing the Independent Advocacy qualification, Providers should be expected to ensure that all independent Advocates have access to further relevant training. This will include...autism awareness.'"

Contractual requirements for advocates to be trained in the needs of people with autism were noted by 11 areas (3 self-rated amber, 8 self-rated green). This meant that advocacy groups who won contracts with the local authority were obliged to ensure that their staff were appropriately trained in the needs of people with autism. 8 areas (4 self-rated amber, 4 self-rated green) noted that there is training available for advocacy groups to take up. Examples included e-training or workshops provided by local authorities.

> Green: "Darlington Care Act Advocacy is in place locally, provided by a user led organisation. Advocates are autism aware and some have been trained in depth. The plan is that all paid advocates will be trained."

Seven areas (1 self-rated red, 5 self-rated amber, 1 self-rated green) stated that they do not have an autism-specific advocacy service. They pointed to generic advocacy services. Four localities (1 self-rated amber, 3 self-rated green) noted that they do not have a specific service but are able to offer one off 'spot' advocacy purchases to support people with autism, if required.

All of the comments of respondents were about the quality and appropriateness of advocacy provided. None described mechanisms for ensuring that everyone with autism who fits the category of being unlikely to participate meaningfully in needs assessments,

care and support planning, appeals or safeguarding processes has access to advocacy support.

Question 45: Can people with autism access support if they are not eligible under the Care Act or not eligible for statutory services? (This question is similar to last year.)

Response	Local authorities	Local authorities in 2014	Local authorities in 2013
Yes	138 (91%)	141 (93%)	140 (92%)
No	7 (5%)	6 (4%)	9 (6%)
No response	7 (5%)	5 (3%)	3 (2%)

Figure 128 and figure 129 show that:
- overall, 91% responded yes and 5% responded no
- North East, Yorkshire and Humber and South East had 100% of local authorities reporting a 'yes'
- all the other regions, had at least one local authority reporting a 'no'
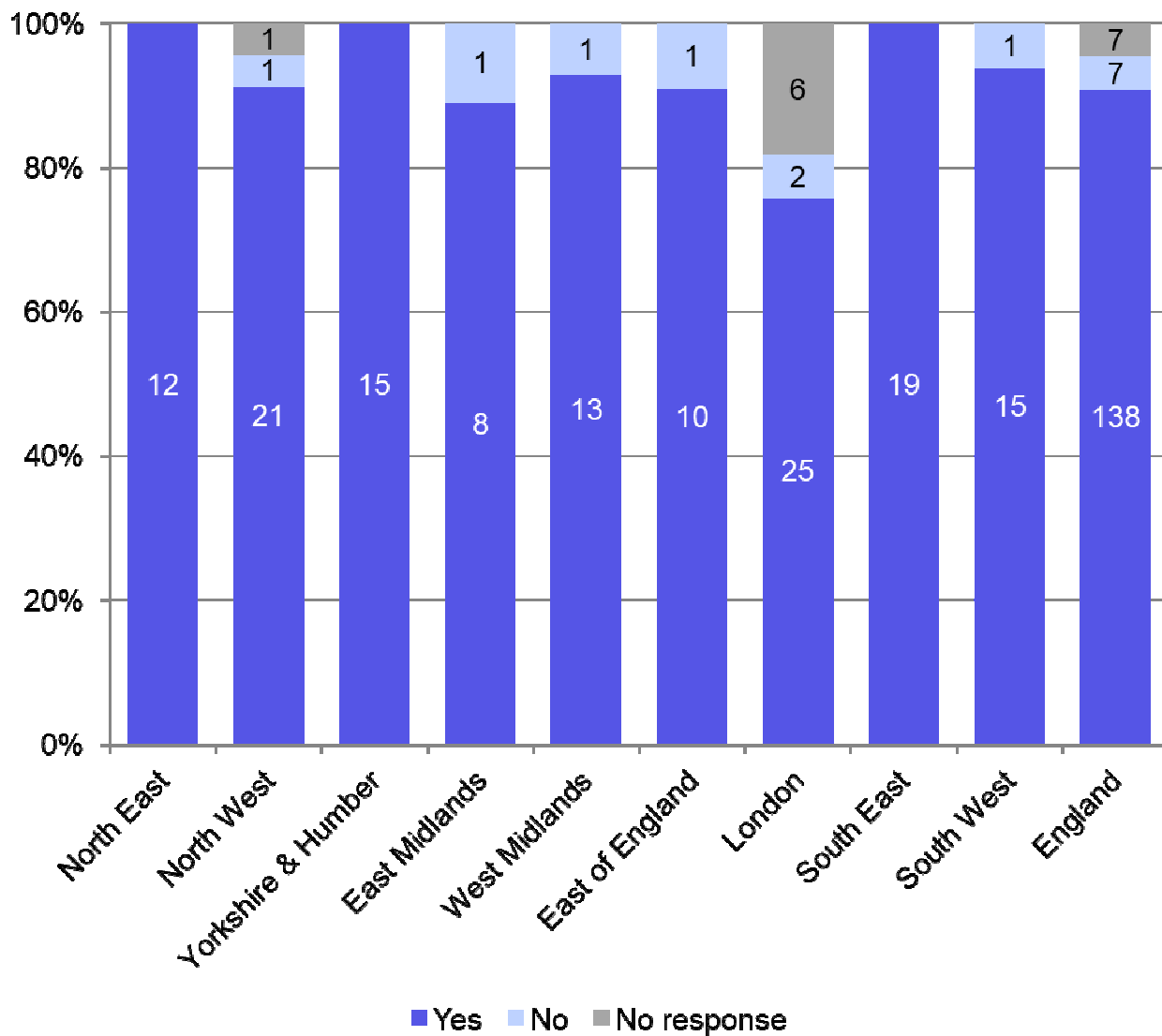
Figure 128: Local authorities' responses by region to "Can people with autism access support if they are not eligible under the Care Act or not eligible for statutory services?"
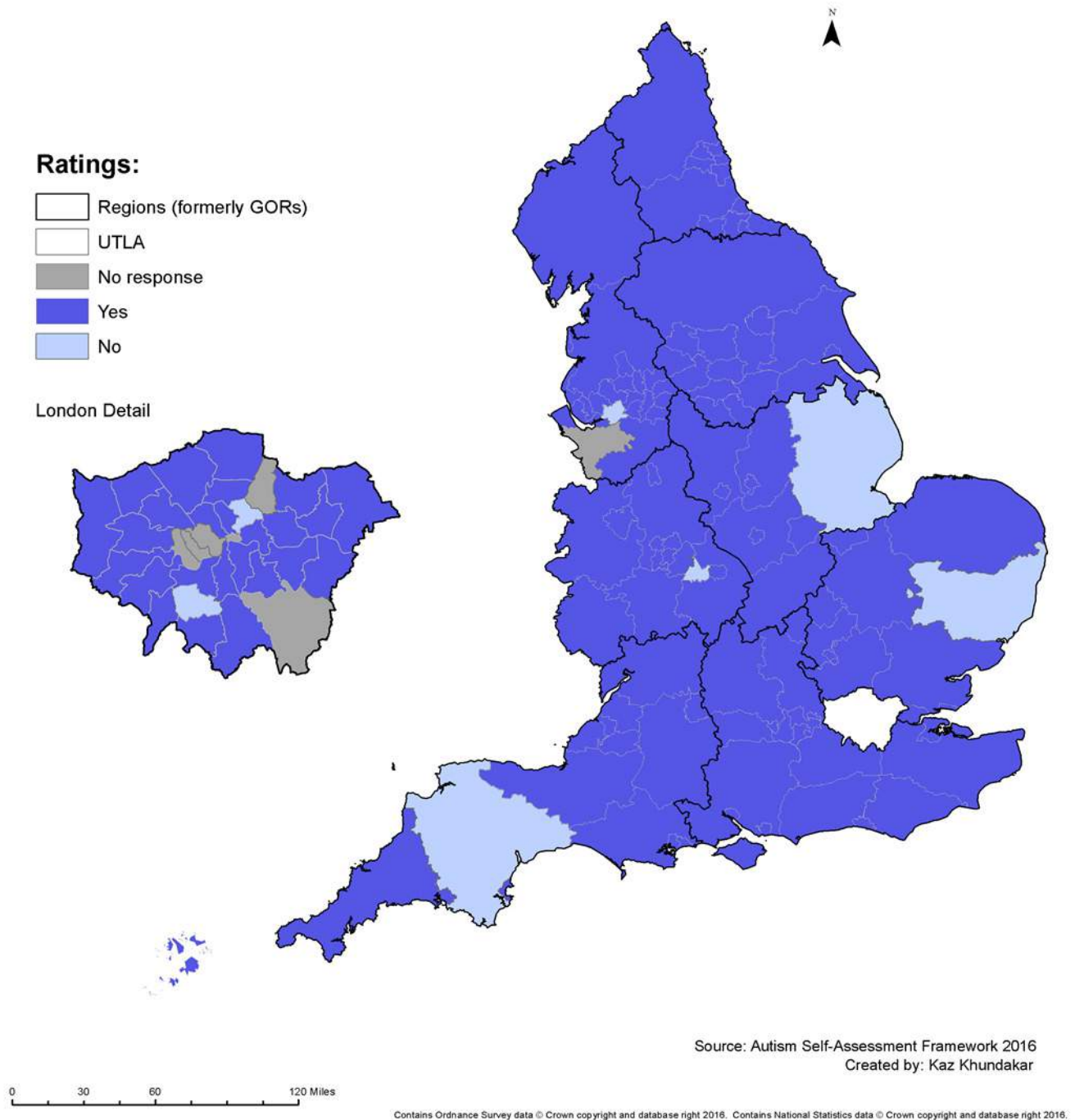
Figure 129: Map showing local authorities' responses to "Can people with autism access support if they are not eligible under the Care Act or not eligible for statutory services?"

Question 46: How would you assess the level of information about local support across the area being accessible to people with autism? (This question is identical to 2014.)

There is readily accessible information (as required in the statutory guidance and the Accessible Information Standard) available on all relevant support services available for people with autism

There is a moderate level of information available about support services for people with autism which is either incomplete or not readily accessible to people with autism

Information about support services for people with autism is either seriously incomplete or not easily accessible

Question 46 is the same as 2014, however the green rating is more specific than in 2014.

Response	Local authorities	Local authorities in 2014
Green	38 (25%)	41 (27%)
Amber	101 (66%)	100 (66%)
Red	5 (3%)	7 (5%)
No response	8 (5%)	4 (3%)

Figure 130 and figure 131 show that:
- overall, 25% of boards rated themselves as green, 66% rated themselves as amber and 3% rated themselves as red
- regionally, the highest proportions of green ratings were recorded in South East (47%)
- North West, West Midlands and East of England had 2,2, and 1 local authorities respectively, rating themselves as 'red'
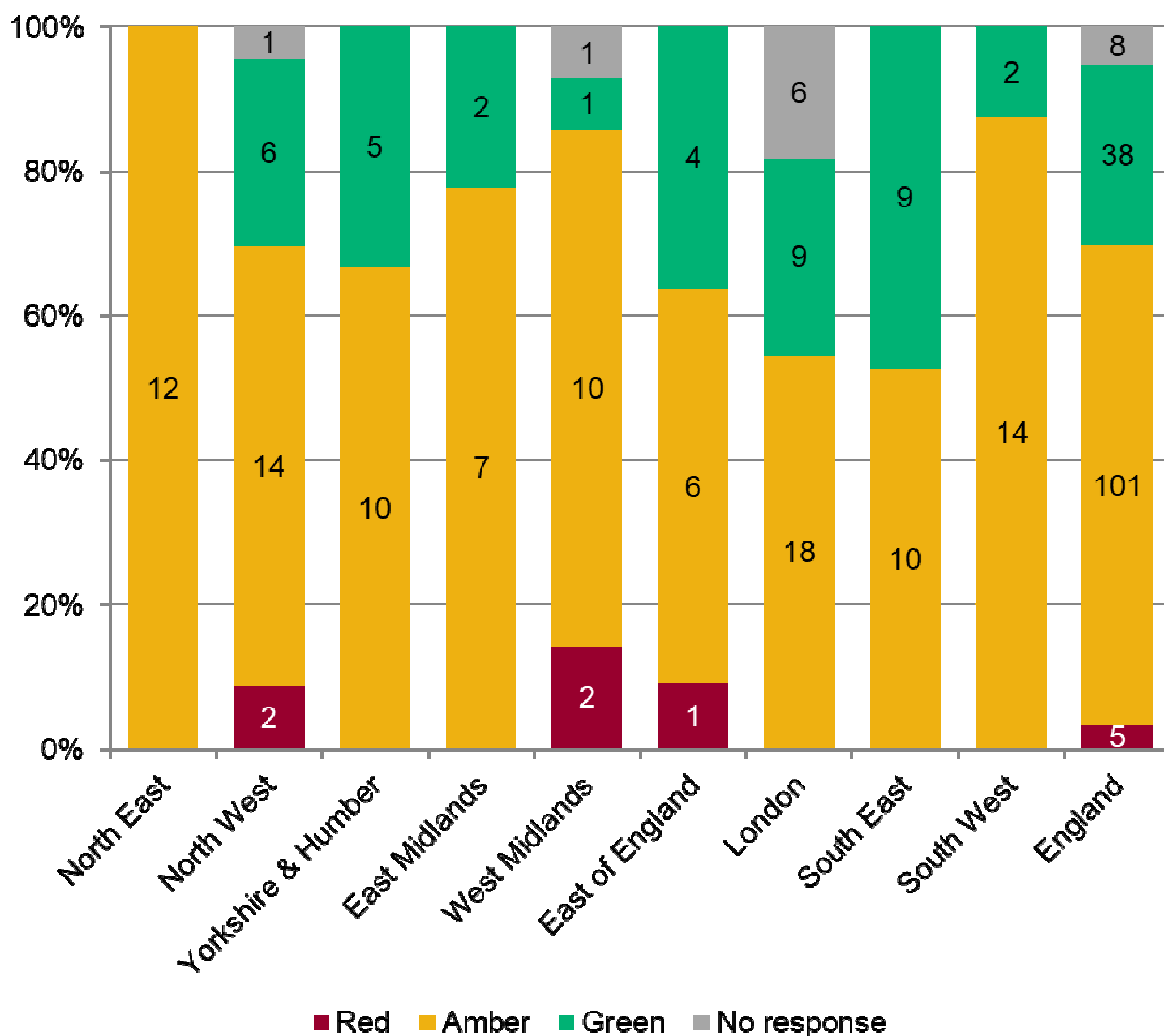
Figure 130: Local authorities' responses by region to "Question 46: How would you assess the level of information about local support across the area being accessible to people with autism?"

Question 47: Where appropriate are carers of people assessed as having autism and eligible for social care support offered assessments? (This question is identical to 2014)

Upon assessment of people with autism, carers are routinely identified and offered a carers assessment. Carers can also self-identify and request a carers assessment. Information about how to obtain a carers assessment is clearly available

Where carers are identified in the course of assessments of people with autism, they are routinely offered carers assessments

Carers assessments are not consistently routinely offered

Response	Local authorities	Local authorities in 2014
Green	118 (78%)	102 (67%)
Amber	23 (15%)	41 (27%)
Red	4 (3%)	5 (3%)
No response	7 (5%)	4 (3%)

Figure 132 and figure 133 show that-
- overall, 78% of boards rated themselves as green, 15% rated themselves as amber and 3% rated themselves as red
- regionally, the highest proportions of green ratings were recorded in North East (92%) and South East (89%)Yorkshire and Humber, West Midlands, London and South West had one local authority each, rating themselves as 'red'

Figure 131: Map showing local authorities' responses to "Question 46: How would you assess the level of information about local support across the area being accessible to people with autism?"
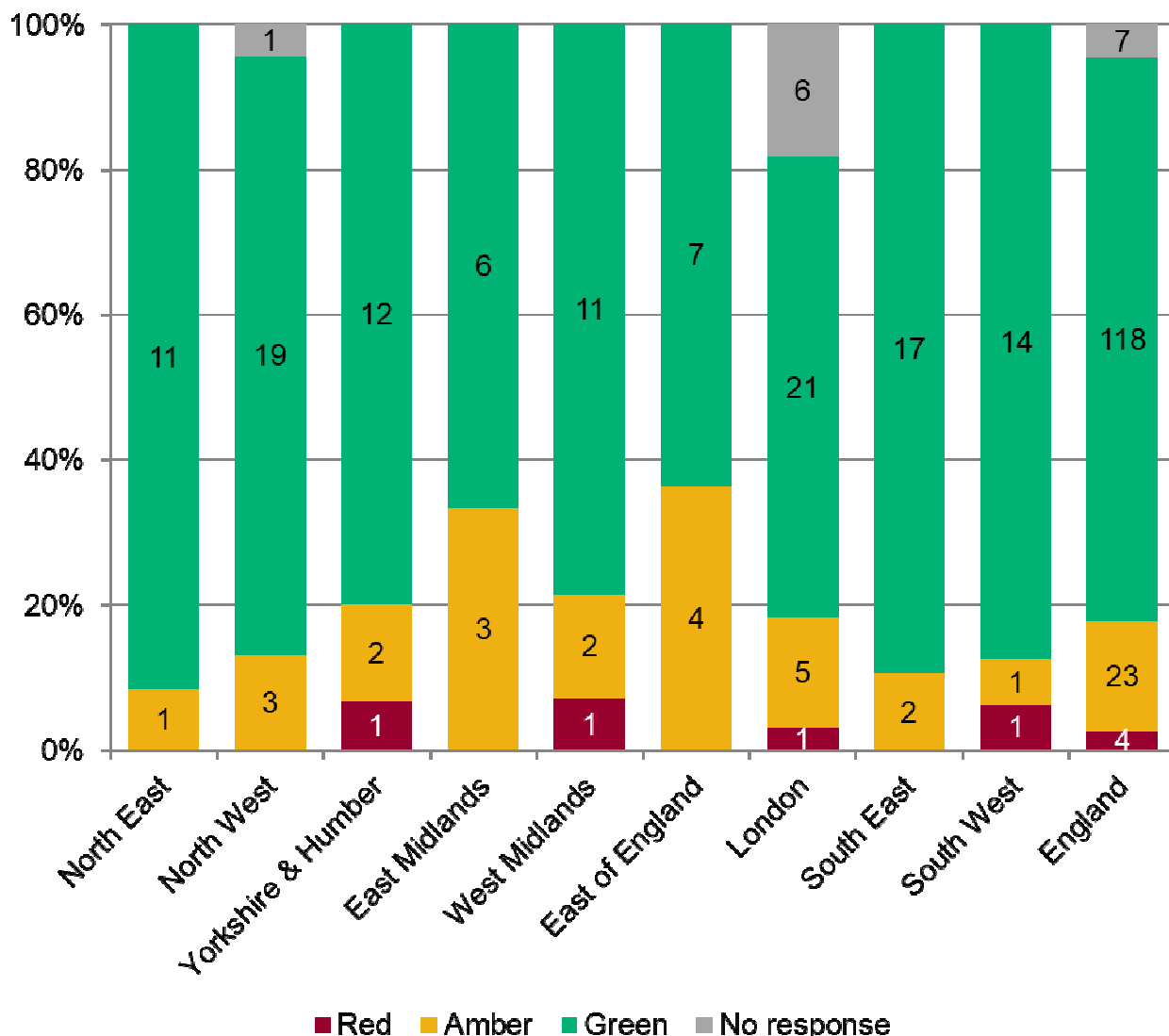
Figure 132: Local authorities' responses by region to "Where appropriate are carers of people assessed as having autism and eligible for social care support offered assessments?"
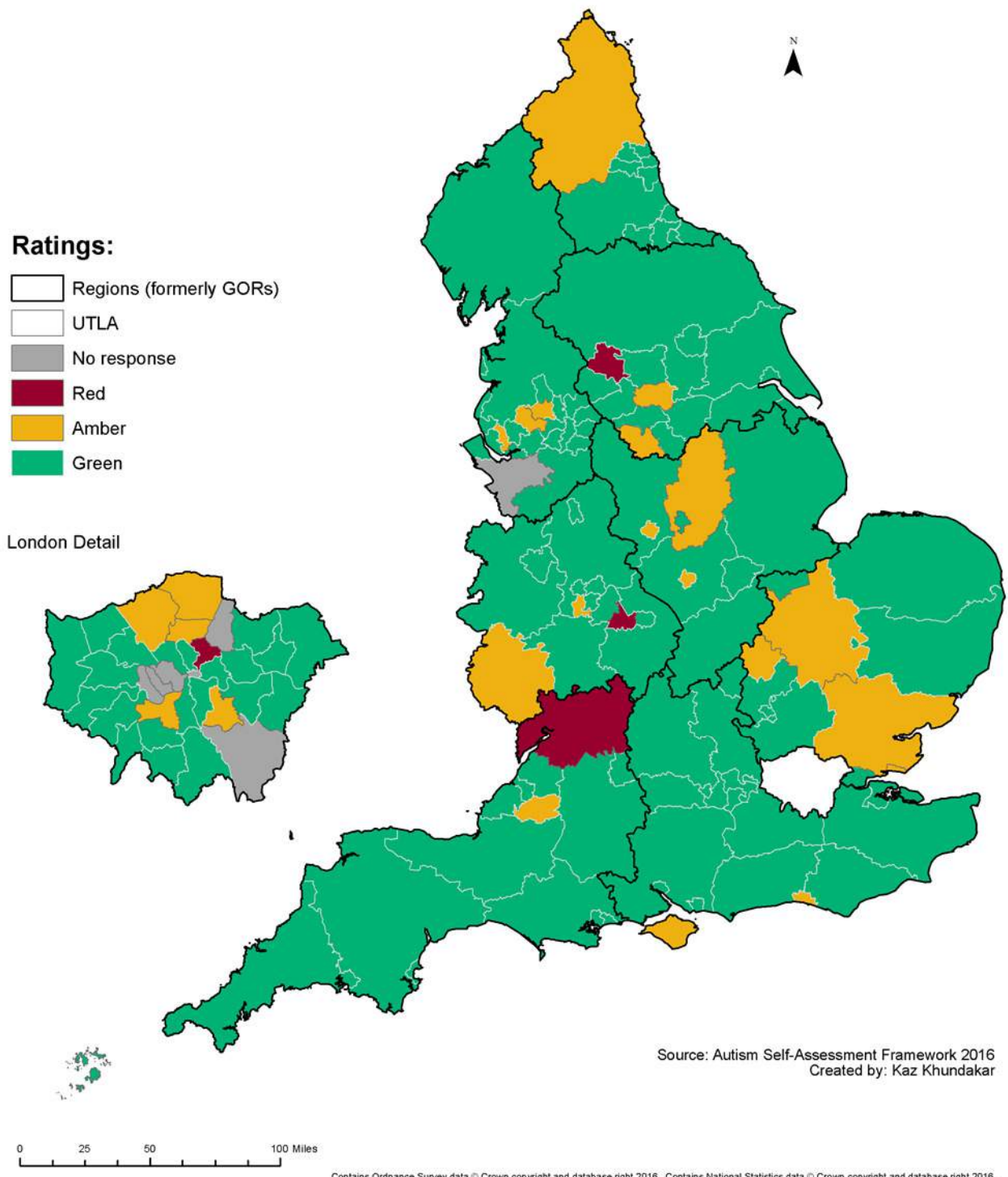
Figure 133: Map showing local authorities' responses to "Where appropriate are carers of people assessed as having autism and eligible for social care support offered assessments?"
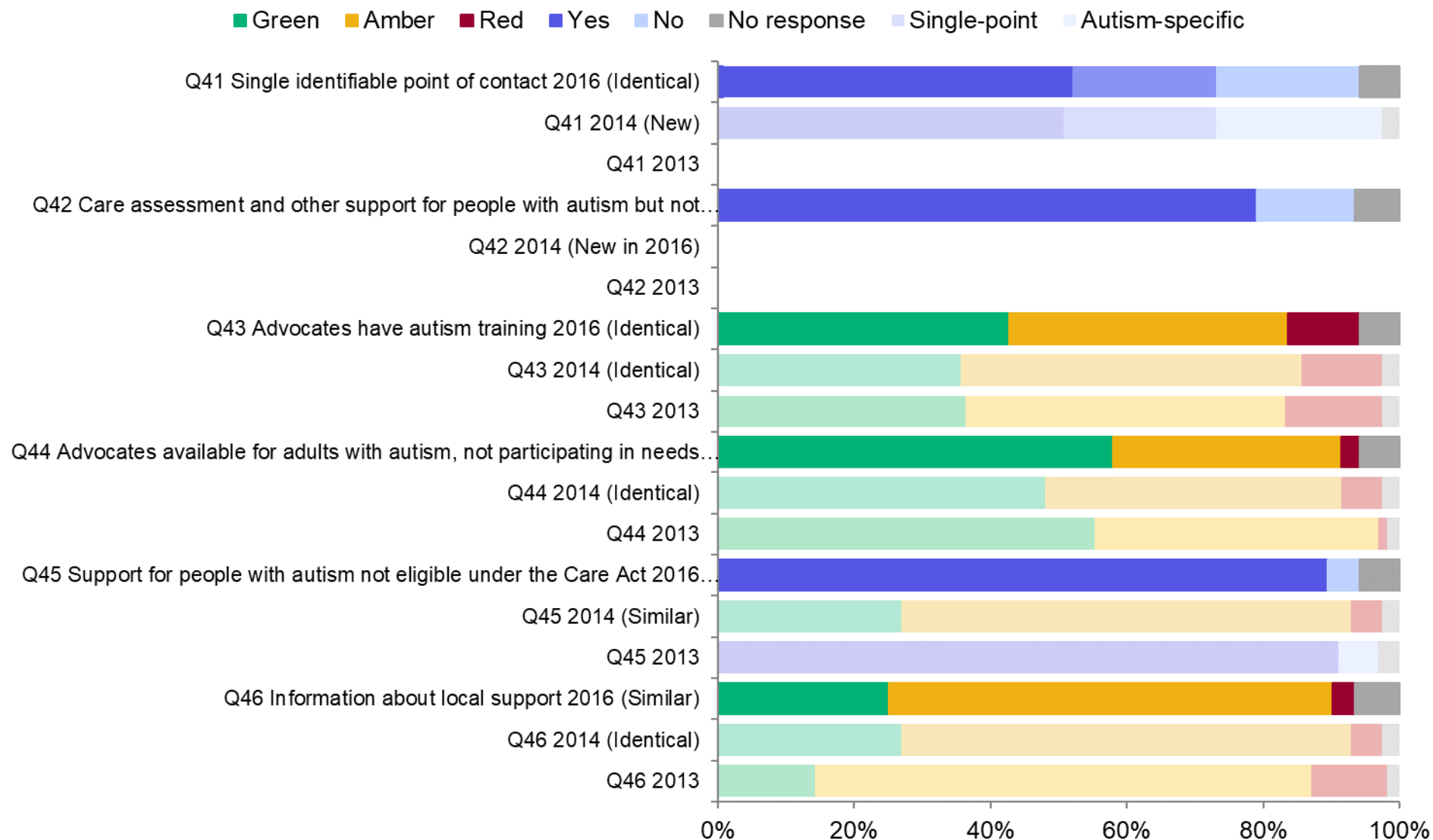
Figure 134: Three-year (2013, 2014 and 2016) comparison of proportions of ratings by local authorities for the questions in the Care and support section

Housing and accommodation

Background

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

Findings

Fourteen (9%) local authorities reported their local housing strategies and/or market position statement specifically identified autism. Thirty one (20%) local authorities reported having at least one staff member who has training in autism to help people make applications and fill in necessary forms.

Performance improved in the following area:
- local housing offices having at least one staff member who has training in autism

Performance remained more or less unchanged in the following area:
- local housing strategy specifically identify autism

Question 48: Does the local housing strategy and/or market position statement specifically identify autism? (This question is similar to 2014)

Needs of people with autism (as distinct from needs of people with other disabilities) not specifically mentioned in housing strategy and/or market position statement (for two tier authorities in any district council areas)

Housing requirements of people with autism are specifically mentioned but not to level described in Green rating (for two tier authorities not in all district council areas)

Comprehensive range of types of housing need for people with autism considered including estimates of numbers of placements required in each category (for two tier authorities and in all district council areas)

The question this year was phrased more specifically than the 2014 question. In addition the 2014 question was written significantly more specifically than in 2013. The key change in 2014 was the reference to estimates of numbers of placements required in the green rating. The amber rating requires a specific mention of autism; this was not required in 2013. In 2016 the question was modified to include local housing strategy and/or market position statement.

Response	Local authorities	Local authorities in 2014
Green	14 (9%)	12 (8%)
Amber	78 (51%)	69 (45%)
Red	52 (34%)	68 (45%)
No response	8 (5%)	3 (2%)

Figure 135 and figure 136 show that:
- overall, 9% of boards rated themselves as 'green', 51% rated themselves as amber and 34% rated themselves as 'red'
- regionally, the highest proportions of 'green' ratings were recorded in South West (19%) and London (12%)
- regionally, the highest proportions of 'red' ratings were recorded in West Midlands (50%) and Yorkshire & Humber (47%)
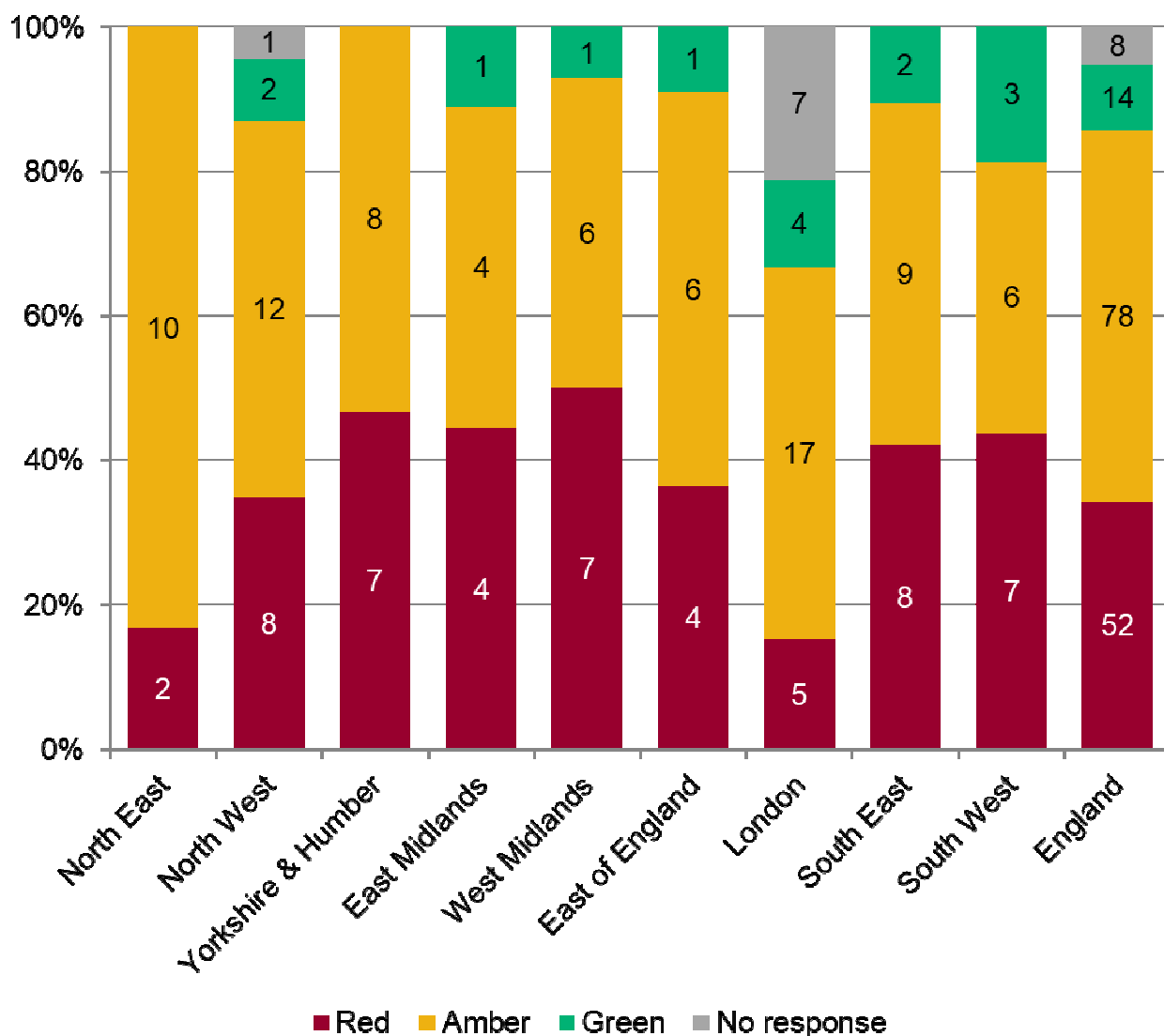
Figure 135: Local authorities' responses by region to "Does the local housing strategy and/or market position statement specifically identify autism?"
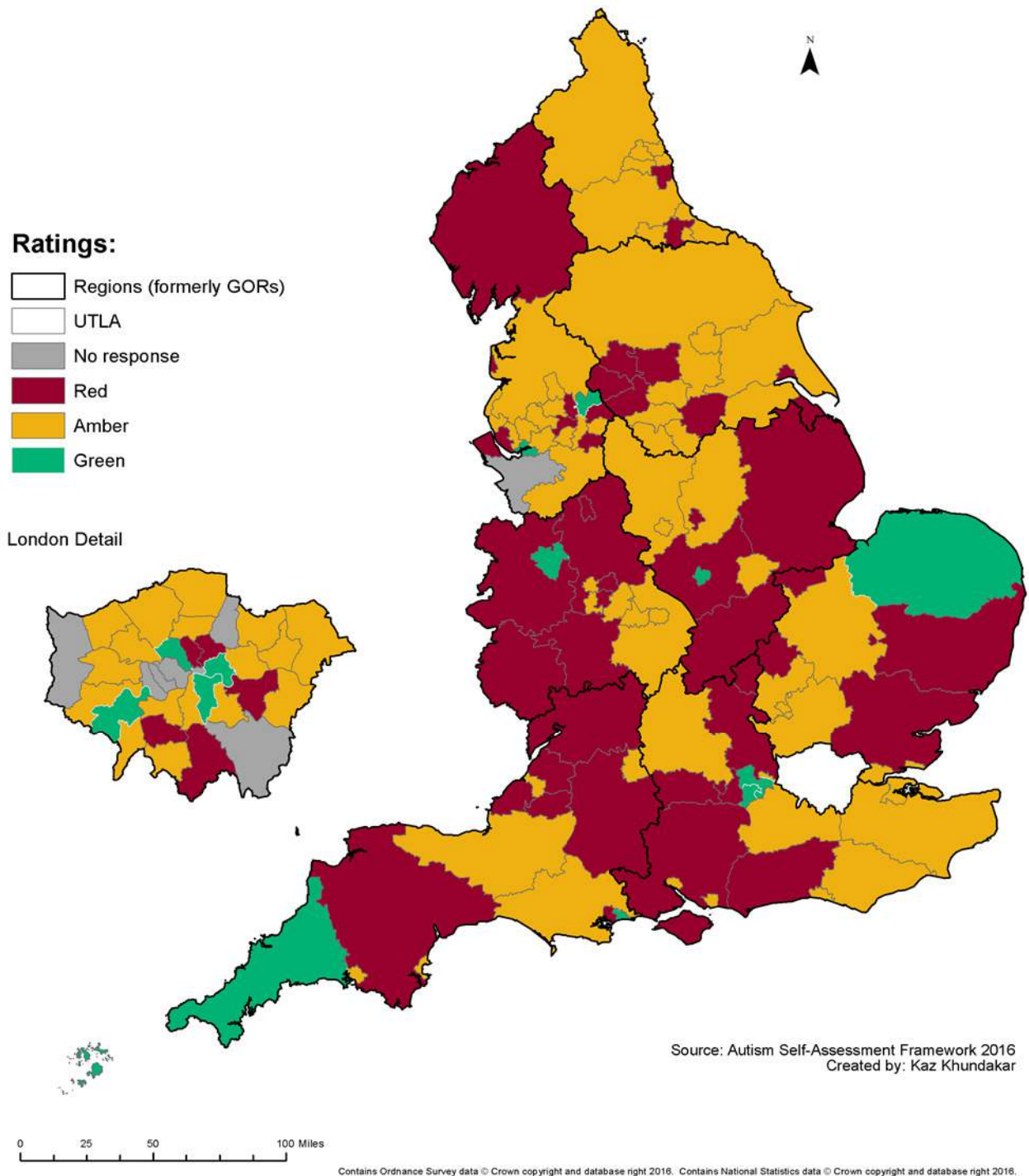
Figure 136: Map showing local authorities' responses to "Does the local housing strategy and/or market position statement specifically identify autism?"

Question 49: Do you have a policy of ensuring that local housing offices all have at least one staff member who has training in autism to help people make applications and fill in necessary forms? (This question is identical to 2014)

Response	Local authorities	Local authorities in 2014
Yes	31 (20%)	25 (16%)
No	111 (73%)	122 (80%)
No response	10 (7%)	5 (3%)

Figure 137 and figure 138 show that:
- overall, 20% responded 'yes' and 73% responded 'no'
- regionally, the highest proportions of 'yes' responses were recorded in South East (37%) and South West (31%)
- regionally, the highest proportions of 'no' responses were recorded in West Midlands (93%) and East Midlands (78%)
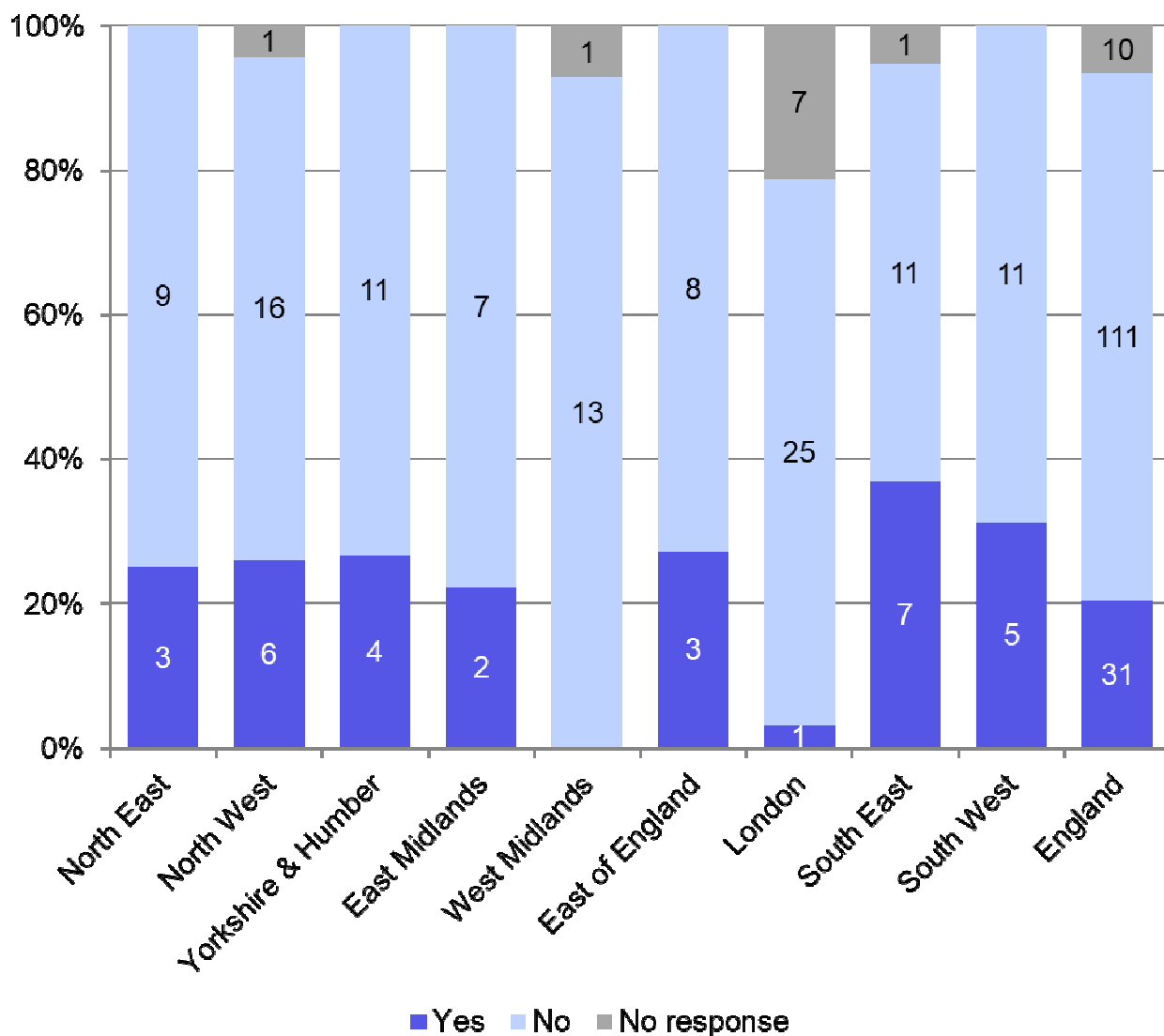
Figure 137: Local authorities' responses by region to "Do you have a policy of ensuring that local housing offices all have at least one staff member who has training in autism to help people make applications and fill in necessary forms?"
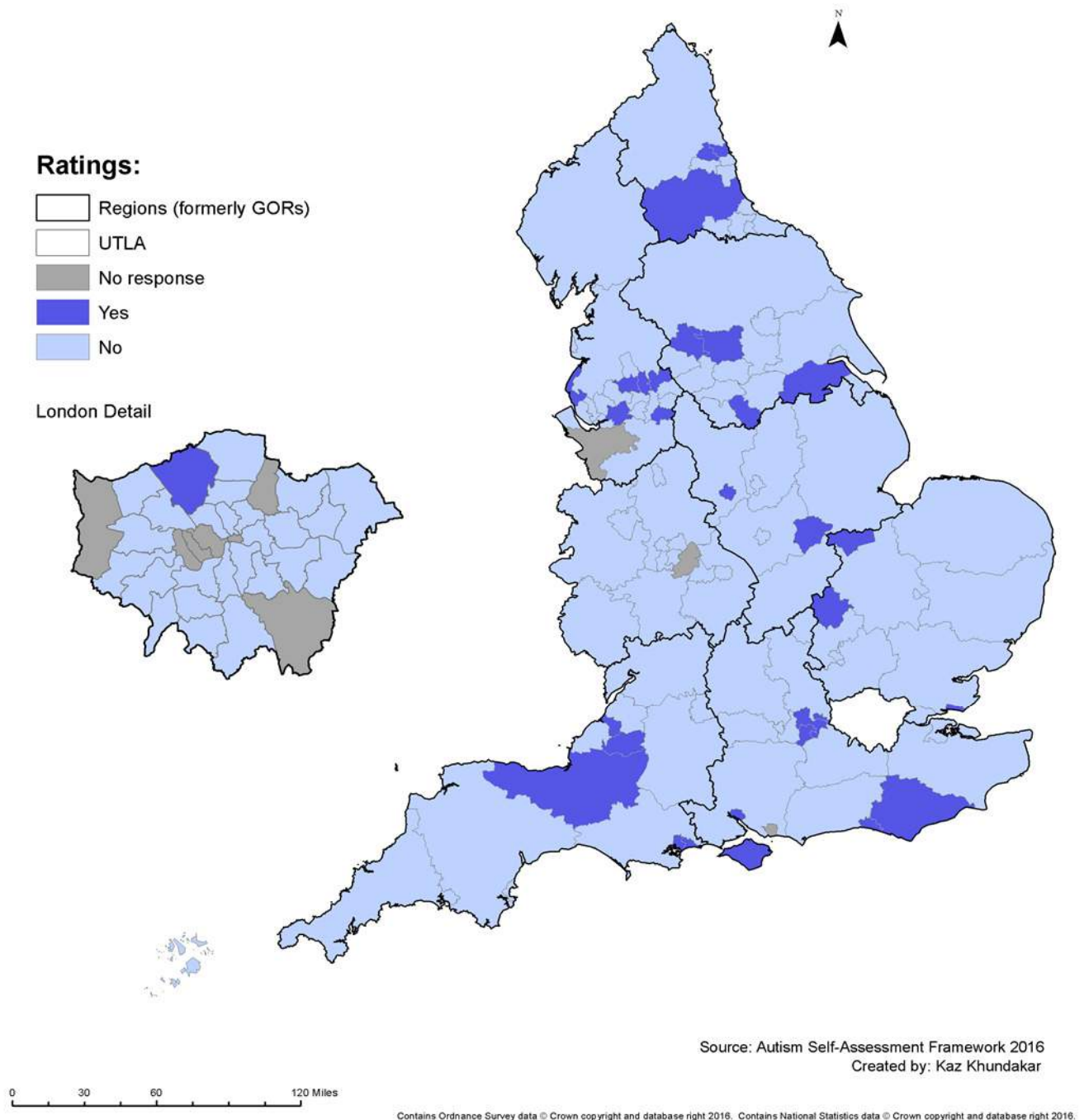
Figure138: Map showing local authorities' responses to "Do you have a policy of ensuring that local housing offices all have at least one staff member who has training in autism to help people make applications and fill in necessary forms?"
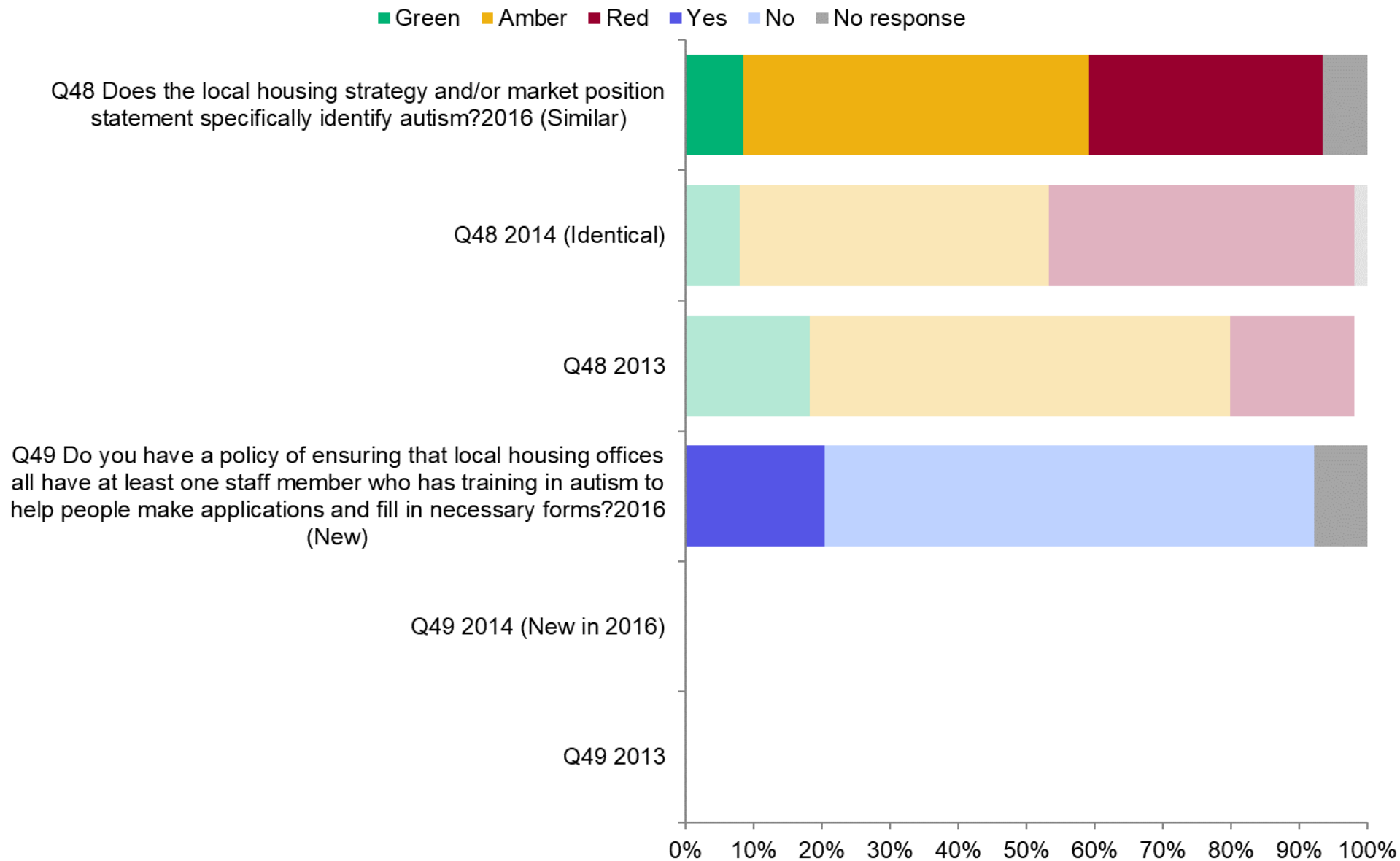
Figure 139: Three-year (2013, 2014 and 2016) comparison of proportions of ratings by local authorities for the questions in the Housing and accommodation section

Employment

Background

Helping adults with autism into work was one of the key areas of the original Autism Strategy. The guidance emphasised plans for employment as an aspect of effective transition planning. In 'Think Autism' the stress laid on the importance of employment opportunities is continued. Priority Challenge 15 restates this: "I want support to get a job and support from my employer to help me keep it."

Findings

Forty seven (31%) local authorities rated their performance on promoting employment for people with autism as green. Eighty four (55%) authorities gave themselves the amber rating indicating that autism awareness is delivered to employers on an individual basis, local employment support services include autism and there is some contact with local job centres in most areas. Sixty one (40%) authorities reported that autism transition processes to adult services have an employment focus

Performance improved in the following areas compared to 2014:
  • promotion of employment of people on the autistic spectrum (up 5%)

Performance has remained more or less unchanged in the following areas:
  • autism transition process to adult services having an employment focus
.

Question 50: How have you promoted in your area the employment of people on the Autistic Spectrum? (This question is identical to 2013 and 2014)

(red)	No work in this area has been provided or minimal information not applied to the local area specific to autism. Local employment support services are not trained in autism or consider the support needs of the individual taking into account their autism. Local job centres are not engaged
(amber)	Autism awareness is delivered to employers on an individual basis. Local employment support services include autism. Some contact made with local job centres
(green)	Autism is included within the employment or worklessness Strategy for the council/or included In a disability employment strategy. Focused autism trained employment support. Proactive engagement with local employers specifically about employment of people with autism including retaining work. Engagement of the local job centre in supporting reasonable adjustments in the workplace via Access to Work

Response	Local authorities	Local authorities in 2014	Local authorities in 2013
Green	47 (31%)	40 (26%)	36 (24%)
Amber	84 (55%)	92 (61%)	99 (65%)
Red	13 (9%)	16 (11%)	15 (10%)
No response	8 (5%)	4 (3%)	2 (1%)

Figure 140 and figure 141 show that:
- overall, 31% of boards rated themselves as 'green', 55% rated themselves as amber and 9% rated themselves as 'red'
- regionally, the highest proportions of 'green' ratings were recorded in West Midlands (64%) and South East (37%)
- regionally, the highest proportions of 'red' ratings were recorded in North West (22%) and Yorkshire & Humber (13%)
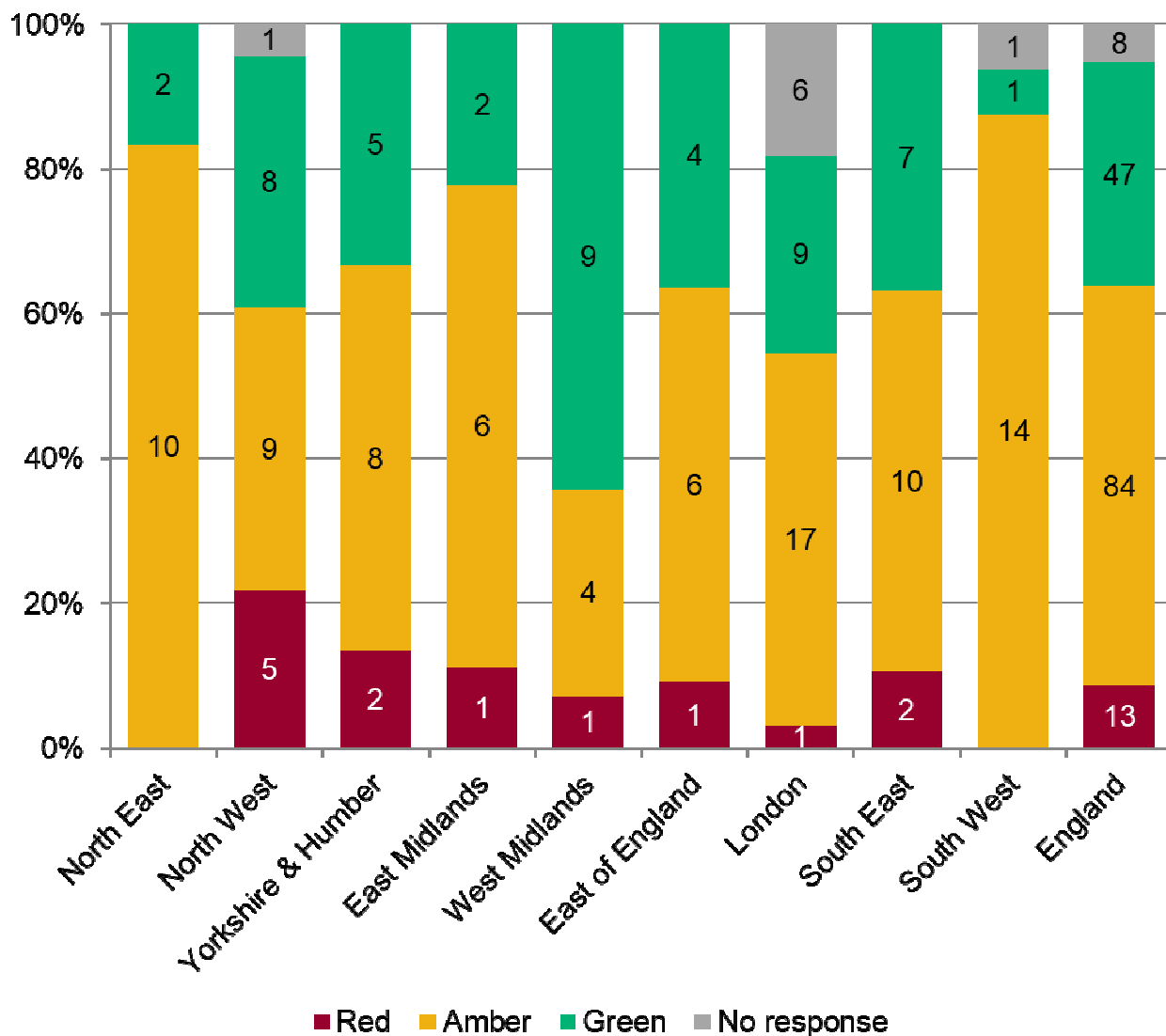
Figure 140: Local authorities' responses by region to "How have you promoted in your area the employment of people on the autistic spectrum?"
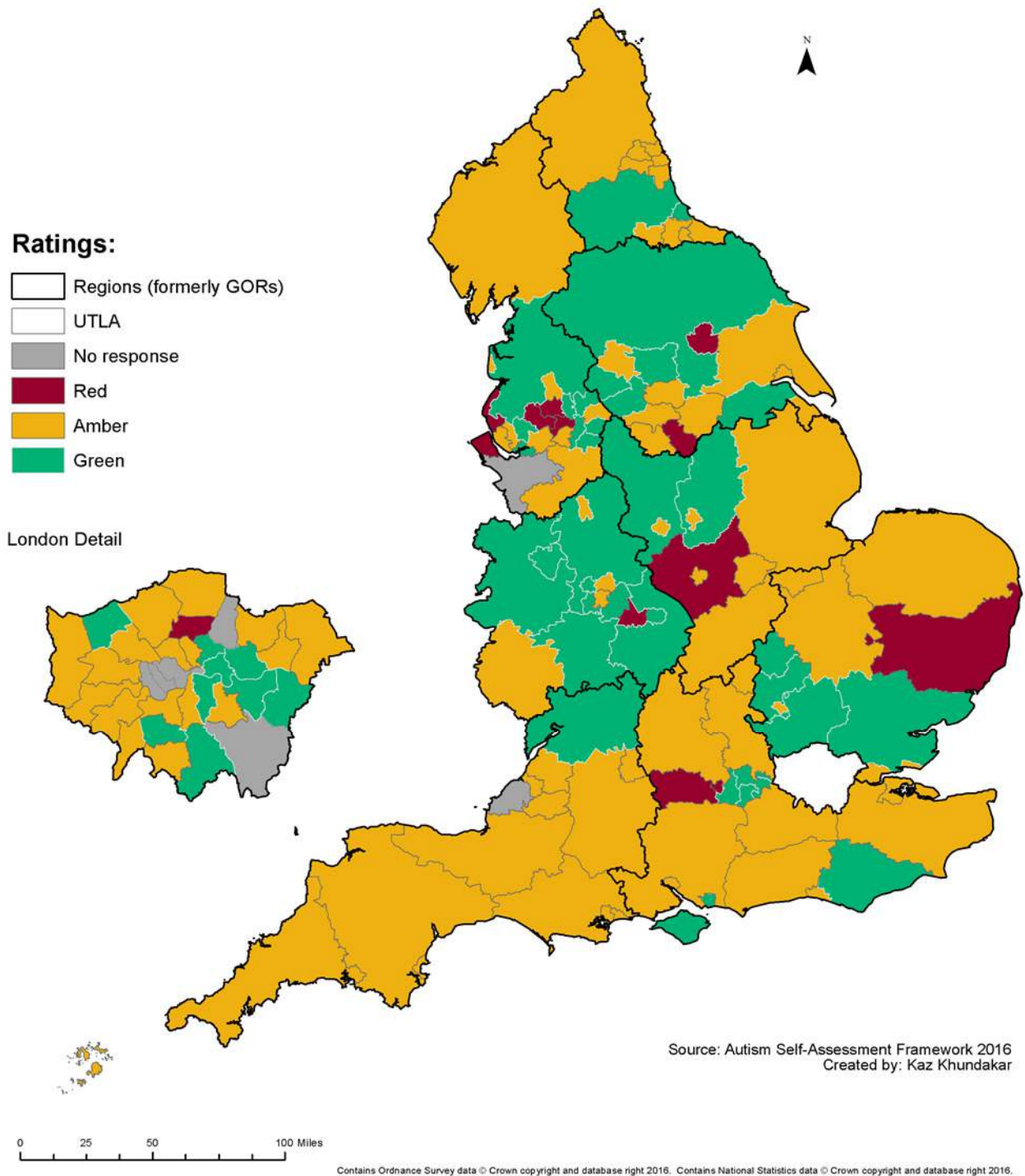
Figure 141: Map showing local authorities' responses to "How have you promoted in your area the employment of people on the autistic spectrum?"

Question 51: Do autism transition processes to adult services have an employment focus? (This question is identical to 2014)

(dark red)	Transition plans do not include specific reference to employment or continued learning
(amber)	Transition plans include reference to employment/activity opportunities
(green)	Transition plans include detailed reference to employment, access to further development in relation to individual's future aspirations, choice and opportunities available

Response	Local authorities	Local authorities in 2014
Green	61 (40%)	58 (38%)
Amber	83 (55%)	84 (55%)
Red	1 (1%)	5 (3%)
No response	7 (5%)	5 (3%)

Figure 142 and figure 143 show that:
- overall, 40% of boards rated themselves as 'green', 55% rated themselves as amber and 1% rated themselves as 'red'
- regionally, the highest proportions of 'green' ratings were recorded in South East (53%)
- there was just one local authority rating themselves as 'red' and it was in the North West
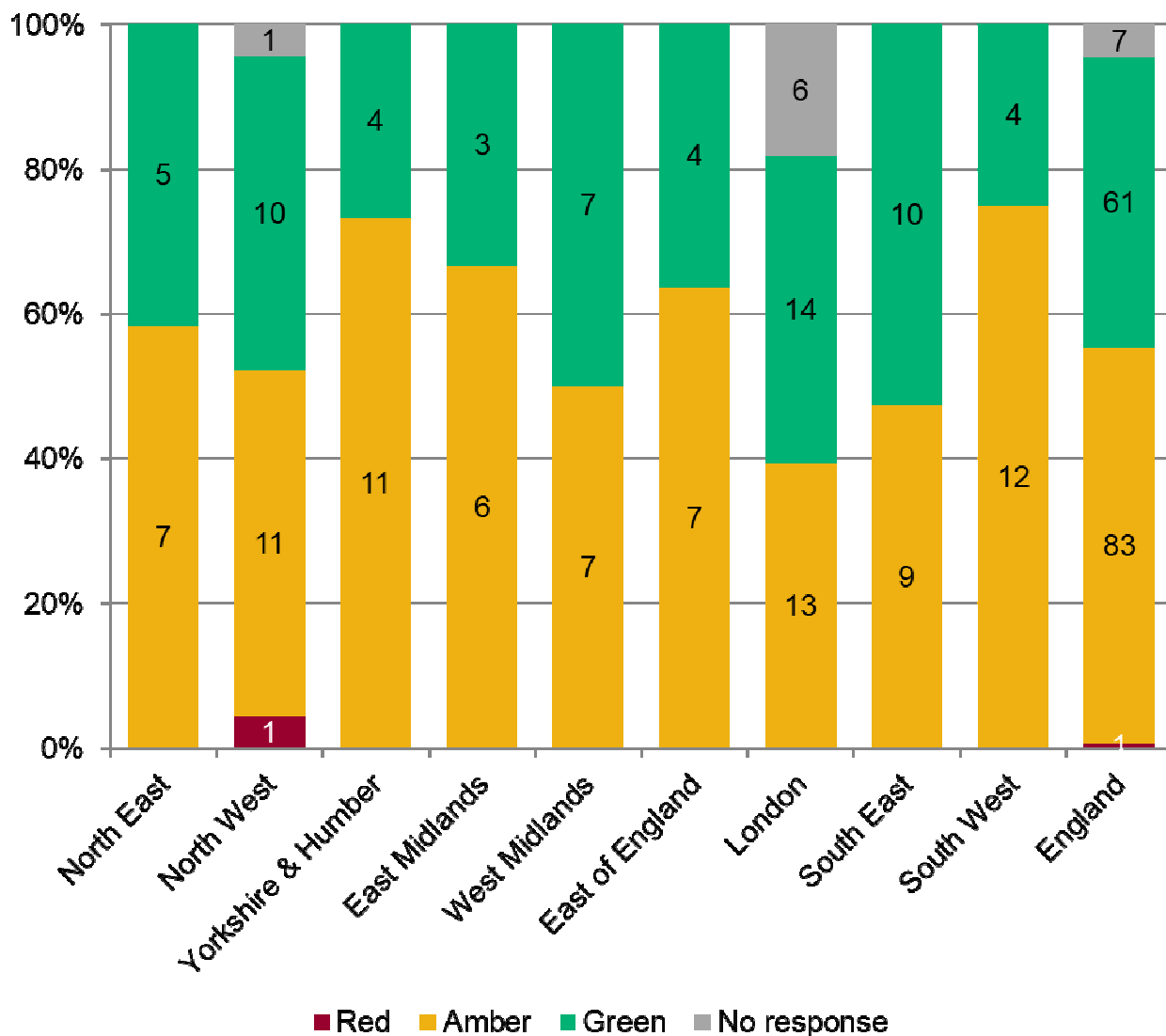
Figure 142: Local authorities' responses by region to "Do autism transition processes to adult services have an employment focus?"
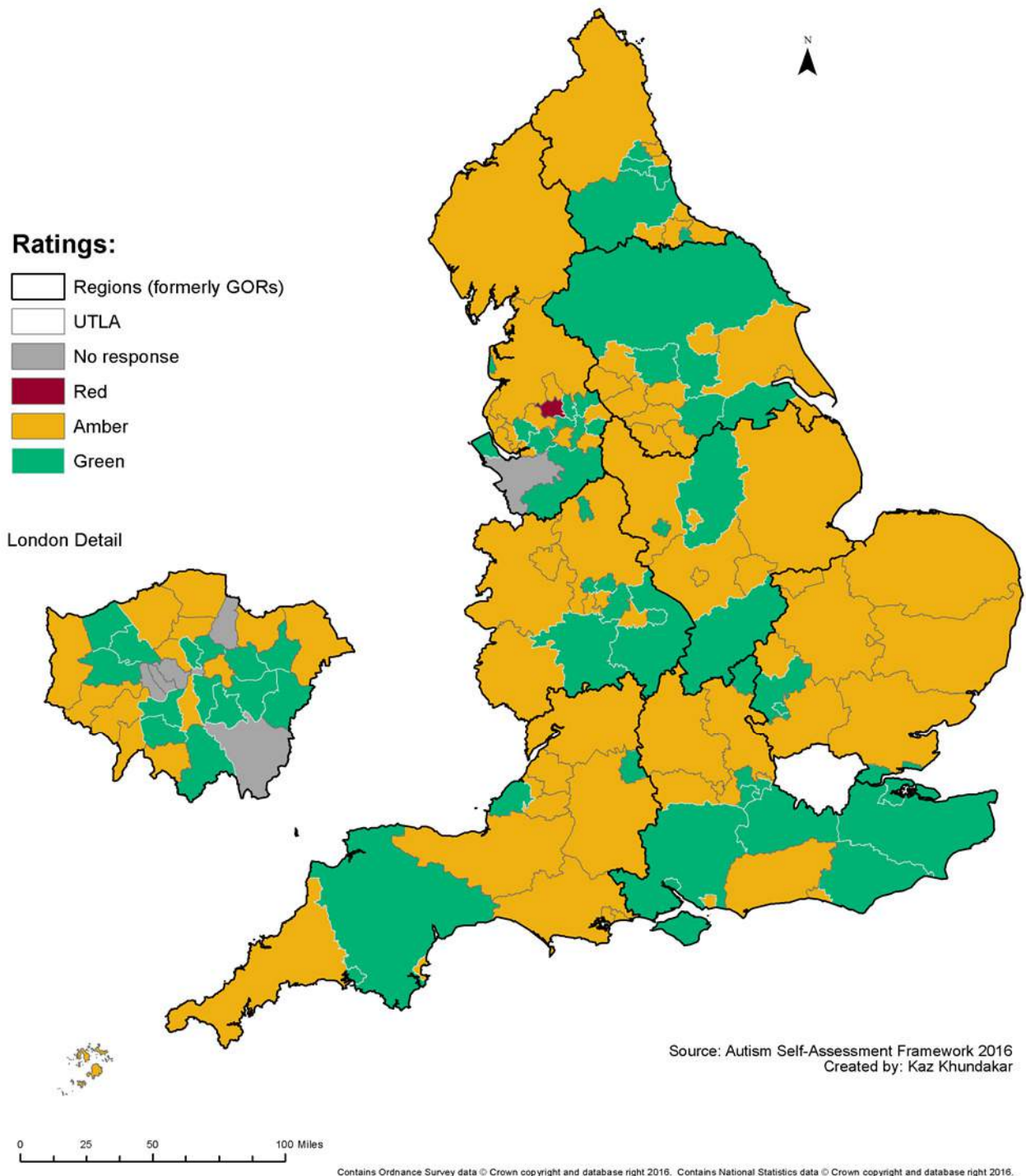
Figure 143: Map showing local authorities' responses to "Do autism transition processes to adult services have an employment focus?"
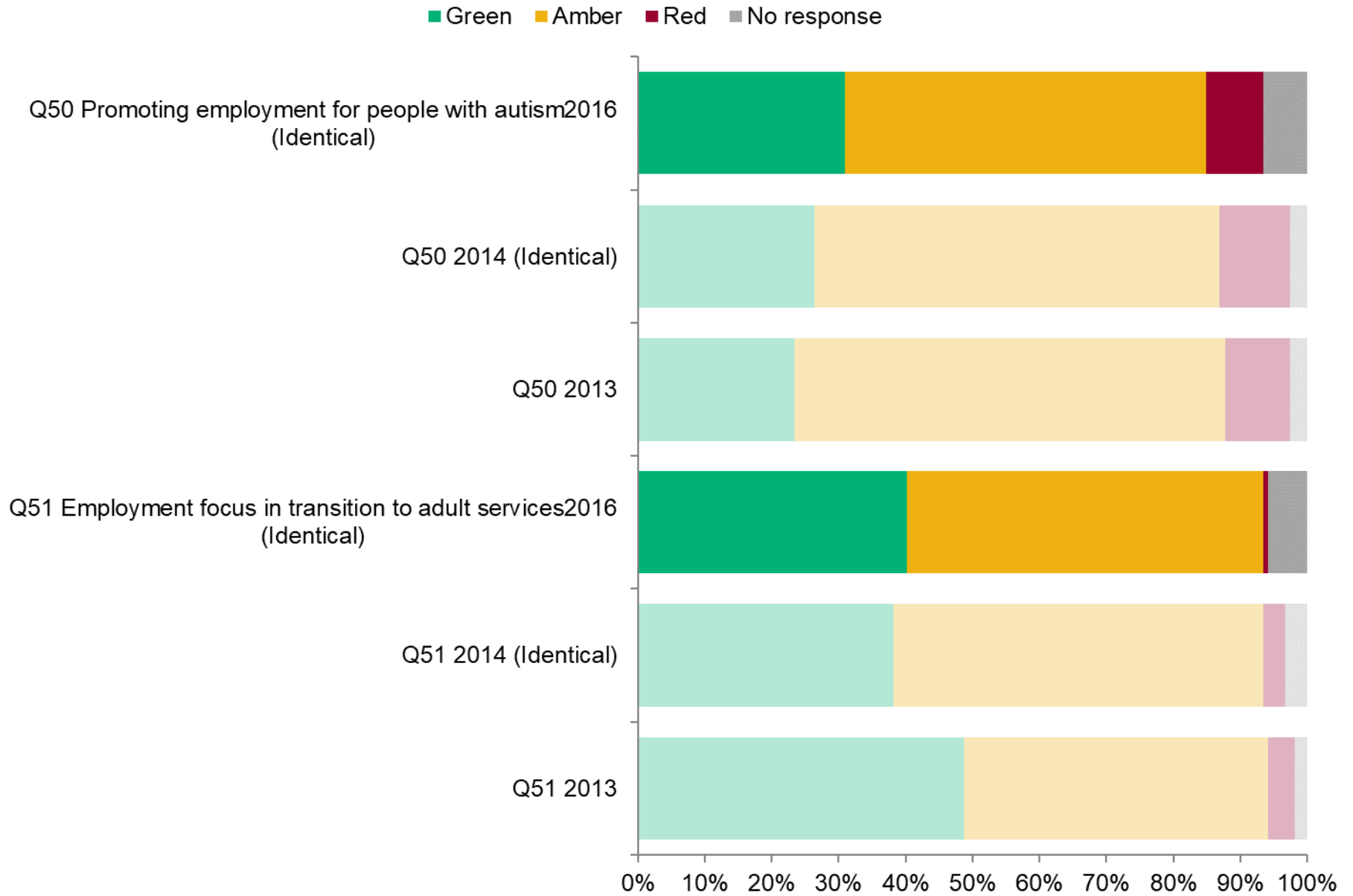
Figure 144: Three-year (2013, 2014 and 2016) comparison of proportions of ratings by local authorities for the questions in the Employment section

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Criminal Justice System

Background

The first Autism Strategy recommends that all staff within the criminal justice sector should have training and access to expertise to enable them to support people with autism. In addition, pathways through the system should be developed to identify other services they may need to work with. This emphasis on the need for autism awareness in all parts of the Criminal Justice System is restated in Think Autism. Priority Challenge 13 states: "If I break the law, I want the Criminal Justice System to think about autism and to know how to work well with other services."

Findings

Sixteen (11%) local authorities gave themselves the highest rating for work with the Criminal Justice Service (CJS). A further 96 (63%) gave themselves amber ratings indicating that discussions were underway to improve CJS involvement in planning for adults with autism. Thirty two (22%) rated themselves as green on the question of whether access to an appropriate adult service is available for people on the autistic spectrum in custody suites and nominated 'places of safety'.

Performance improved in the following area:
- criminal justice services engaged as key partners in planning for adults with autism

Performance remained more or less unchanged in the following areas:
- access to an appropriate adult service available for people on the autistic spectrum in custody suites and nominated 'places of safety'

Question 52: Are the criminal justice services (police, probation and, if relevant, court services) engaged with you as key partners in planning for adults with autism? (This question is identical to 2014)

Minimal or no engagement with the criminal justice services

The following criteria:
- discussions between local authority adult social care services and criminal justice service agencies are continuing
- representatives from criminal justice service agencies sit on autism partnership board or alternative

As amber, but in addition:
- people with autism are included in the development of local criminal justice diversion schemes
- representative from criminal justice services agencies regularly attend meetings of the autism partnership board or alternative
- there is evidence of joint working such as alert cards or similar schemes in operation
- there is evidence of joint/shared training

Response	Local authorities	Local authorities in 2014
Green	16 (11%)	17 (11%)
Amber	96 (63%)	85 (56%)
Red	32 (21%)	45 (30%)
No response	8 (5%)	5 (3%)

Figure 145 and figure 146 show that:
- overall, 11% of boards rated themselves as 'green', 63% rated themselves as amber and 21% rated themselves as 'red'
- regionally, the highest proportions of 'green' ratings were recorded in East of England (45%) and East Midlands (33%)
- regionally, the highest proportions of 'red' ratings were recorded in North East (33%) and West Midlands (29%)
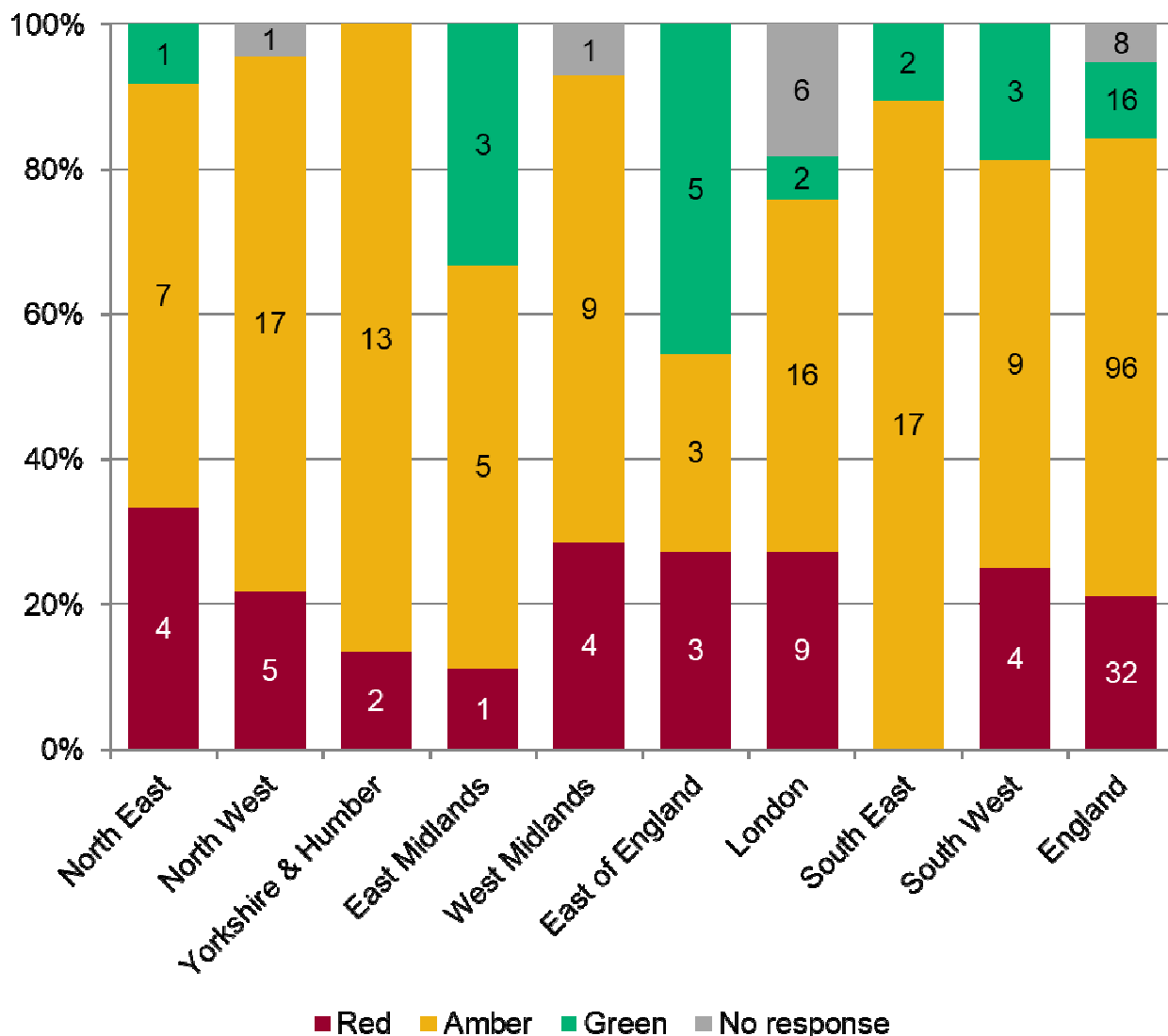
Figure 145: Local authorities' responses by region to "Are the criminal justice services (police, probation and, if relevant, court services) engaged with you as key partners in planning for adults with autism?"
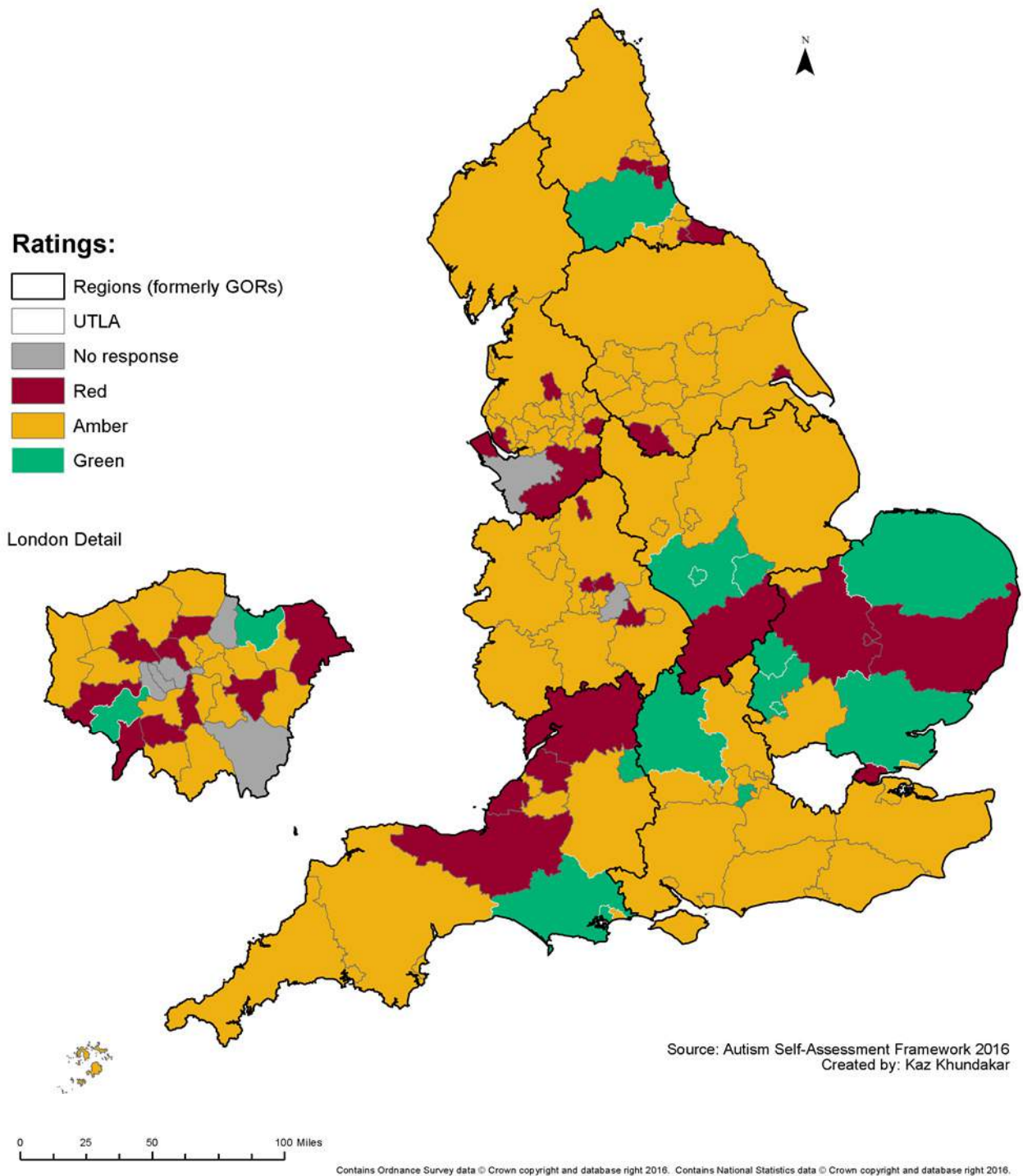
Figure 146: Map showing local authorities' responses to "Are the criminal justice services (police, probation and, if relevant, court services) engaged with you as key partners in planning for adults with autism?"

Thematic analysis

One hundred and forty four localities provided a rating, with 112 localities providing a comment. The self-rated assessment indicators for this question were:

- 32 self-rated red (21 with comments)
- 96 self-rated amber (76 with comments)
- 16 self-rated green (15 with comments)

Over a third of localities (55 areas: 3 self-rated red, 39 self-rated amber; 13 self-rated green) made reference to the involvement of members of the CJS in strategic governance. Examples of this included representatives from the police force and/or probation being members of Autism Partnership Boards, or equivalent. Respondents did not always specify the level of involvement and where specified the level varied and it was not always specified by localities which members of the CJS sat on their boards, or the exact nature of the contribution. Five areas (3 self-rated red, 2 self-rated amber) noted that strategic planning was something that they needed to improve on.

Eighteen localities (11 self-rated red, 7 self-rated amber) noted that they had no, or very little involvement from the CJS in their area. Reasons given for this included difficulties engaging with the CJS despite invitations from the local authority, members of staff moving on and not being replaced, or a drop in attendance from a previous engaged member of the CJS.

Green: Bracknell Forest "Representatives are invited to the Autism Partnership Board. The Team Manager for CTP ASD attends regular multi agency community safety Partnership Problem solving group. This includes representatives from CMHT, Youth Offending Service, CTPLD, CTPASD, Police, Probation Service, Fire and Rescue Service. The Community Team for People with ASD have expressed concerns that people that they support who become involved in the criminal justice system do not recieve information or reasonable adjustments. The Development Manager has since designed a set of easy-read custody sheets on topics such as:

Know Your Rights in Custody
Fingerprinting
Forensic Examination
People Working in Custody

Samples of these sheets were shared with the Thames Valley Police Force Chief Inspector who has responded enthusiastically and has allocated a sergeant to liaise with the Development Manager to explore the introduction of these aids in all custody suites in the force."

Areas in development were noted by 33 areas (7 self-rated red, 25 self-rated amber, 1 self-rated green). These included work on the area autism strategy, continuing conversations with members of the CJS, inviting members from the CJS to engage with partnership boards and training opportunities.

Training for staff in the Criminal Justice System was noted by 32 localities (1 self-rated red, 22 self-rated amber, 9 self-rated green). Training was not often described in detail but for those who did provide examples training included work with police forces, the probation services, and prison staff. Seven areas (3 self-rated amber, 4 self-rated green) noted that self-advocates delivered the training packages or were otherwise involved in strategic governance such as attending partnership board meetings or chairing partnership board meetings or equivalent.

Amber: Lewisham: "Amber because no formal 'partnership board' exists but a focussed housing group exists as well as key agencies sitting on Custody Suite User Group (involving mental health trust, borough, police, child mental health, appropriate adult service) which looks at a range of issues. To drill down to statistics for people with autism coming through the suite would involve asking nurses to tally referrals to them for any vulnerable person with additional needs. There would be no guarantee that person with autism would be recorded. There may be opportunities to co-ordinate relevant information from existing groups to build a picture about cross-agency working and autism."

Twenty five areas (1 self-rated red, 15 self-rated amber, 9 self-rated green) noted the use of autism alert cards or equivalent scheme. The alert card schemes are used to alert frontline police officers to an individual's autism whether they are the victim or alleged perpetrator of a crime. Schemes such as safe spaces and initiatives to prevent hate or mate crime were highlighted by 11 areas (3 self-rated red, 7 self-rated amber, 1 self-rated green).

Liaison and diversion schemes were noted by 14 areas (9 self-rated amber, 5 self-rated green): these schemes offer support to those with autism (or other vulnerabilities) who are suspected to have committed a crime.

Twelve areas (3 self-rated red, 9 self-rated amber) gave examples of joint working with the CJS around individual cases. These areas predominantly provided no examples of more strategic planning, indicating that although these areas may work together well for individuals with autism they don't have an overall strategy.

Other initiatives mentioned included: autism champions (4 all self-rated amber), specialist victim support for witnesses with autism (3 all self-rated amber), a health check for any individual entering the Youth Offending service (1 self-rated red), specialist social worker (1 self-rated green).

Question 53: Is access to an appropriate adult service available for people on the autistic spectrum in custody suites and nominated 'places of safety'? (This question is identical to 2014)

There is not reliable access to an appropriate adult service

Yes, but appropriate adults do not necessarily have autism awareness training

Yes, but appropriate adults do not necessarily have autism awareness training
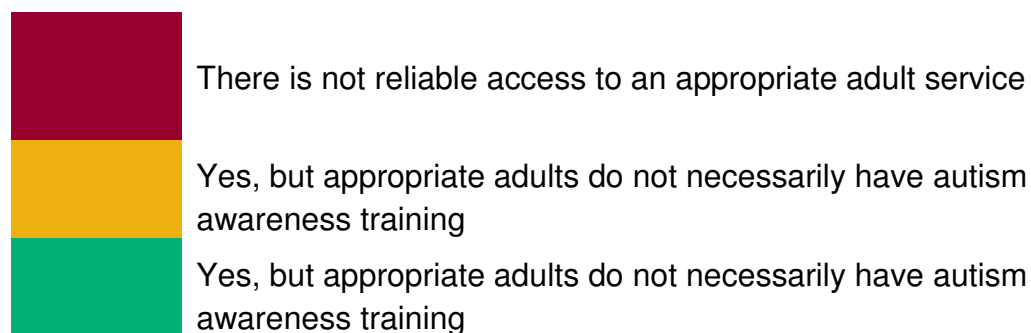
Response	Local authorities	Local authorities in 2014
Green	33 (22%)	32 (21%)
Amber	102 (67%)	107 (70%)
Red	7 (5%)	7 (5%)
No response	10 (7%)	6 (4%)

Figure 147 and figure 148 show that:
- overall, 22% of boards rated themselves as 'green', 67% rated themselves as amber and 5% rated themselves as 'red'
- regionally, the highest proportions of 'green' ratings were recorded in North East (33%) and South East (32%)
- regionally, the highest proportions of 'red' ratings were recorded in West Midlands (29%)
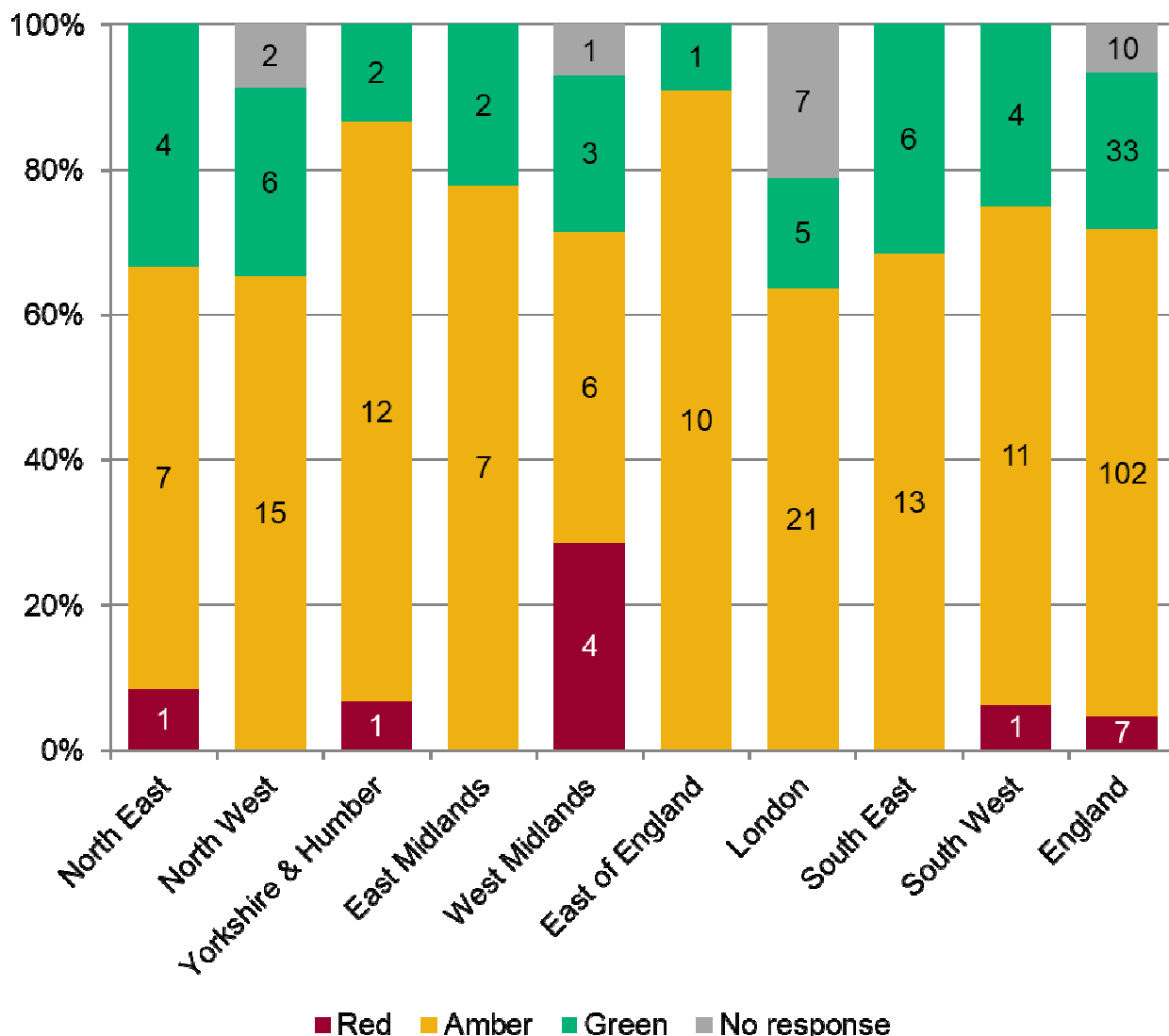
Figure 147: Local authorities' responses by region to "Is access to an appropriate adult service available for people on the autistic spectrum in custody suites and nominated 'places of safety'?"
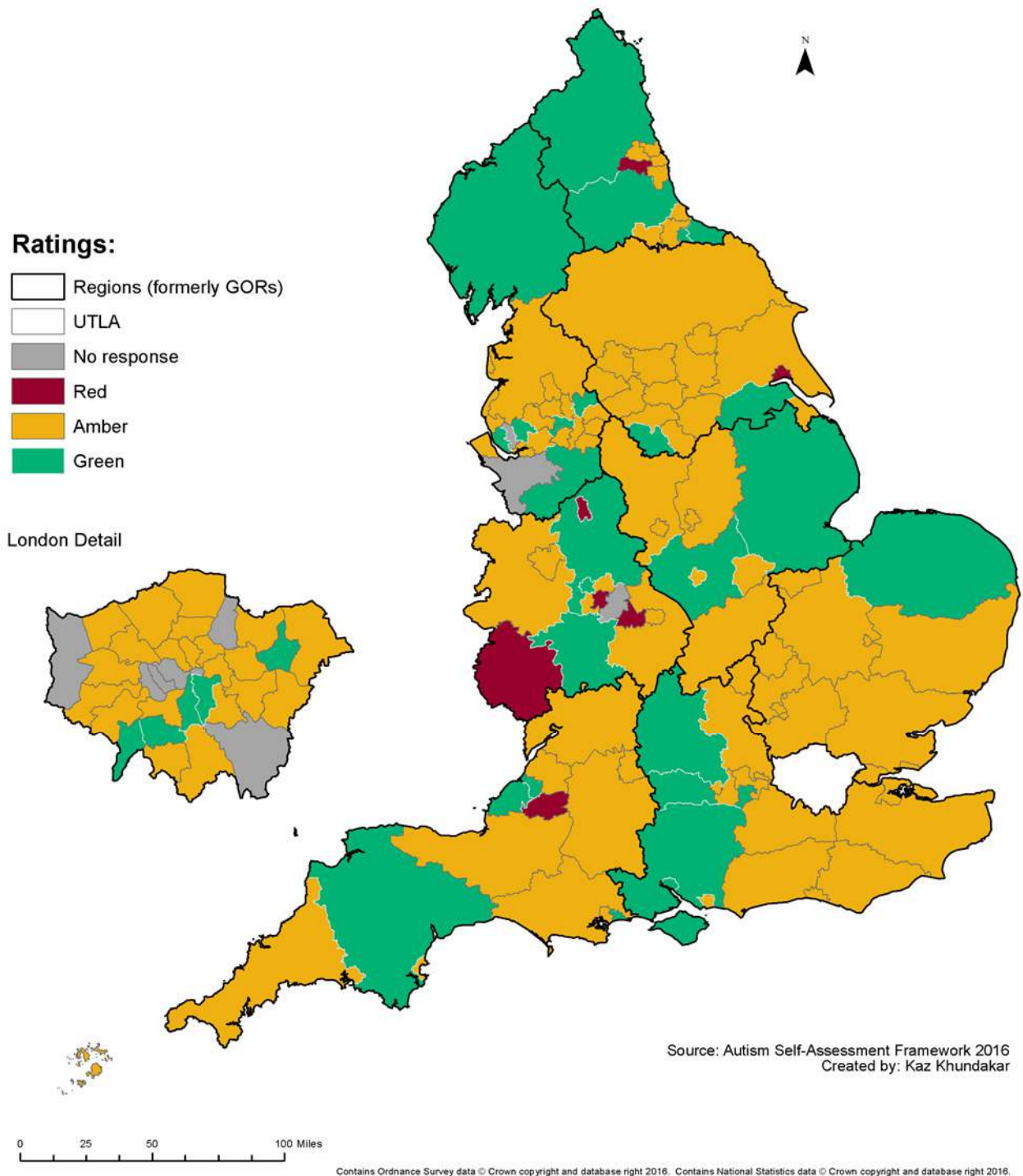
Figure 148: Map showing local authorities' responses to "Is access to an appropriate adult service available for people on the autistic spectrum in custody suites and nominated 'places of safety'?"
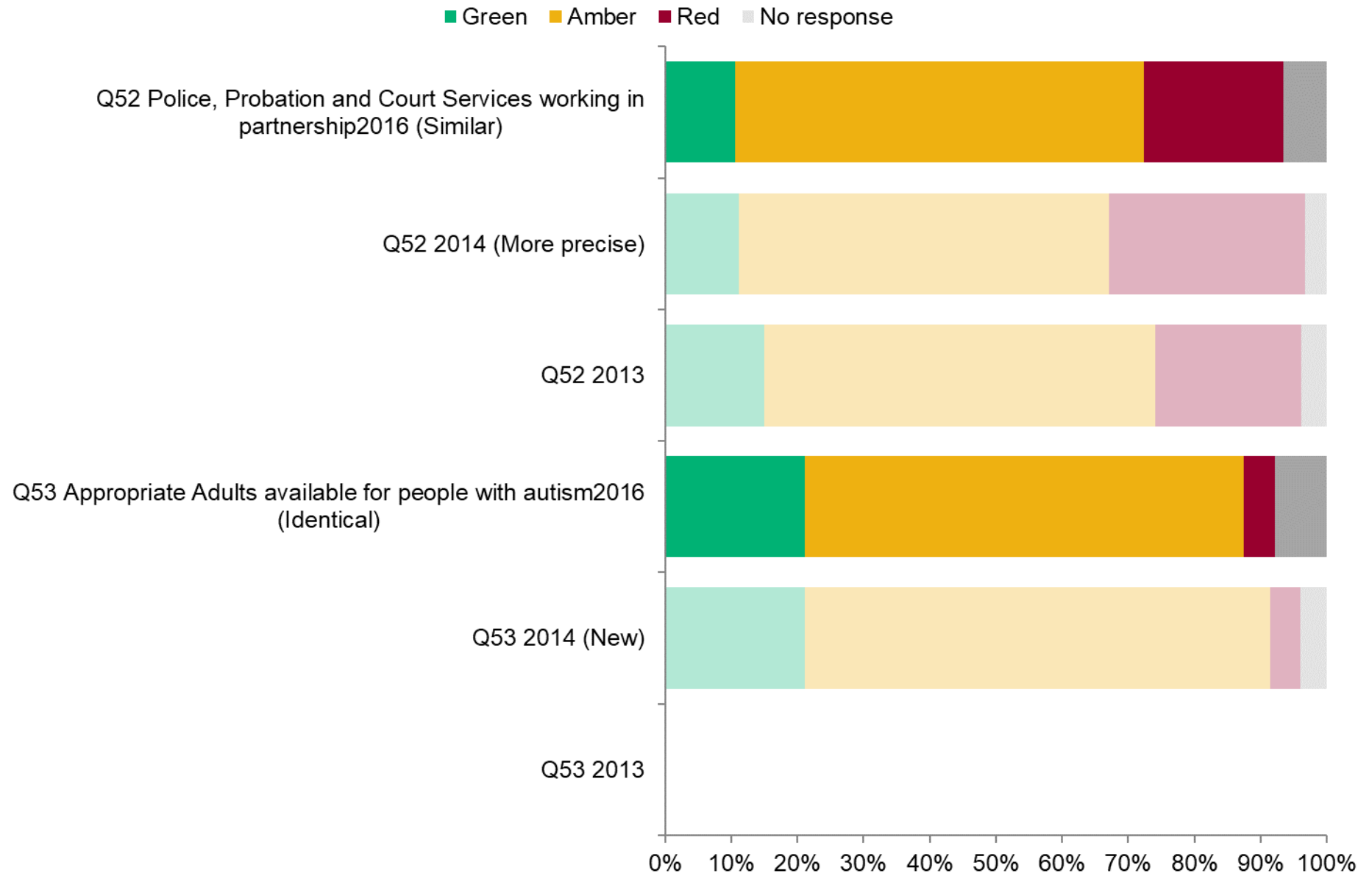
Figure 149: Three-year (2013, 2014 and 2016) comparison of proportions of ratings by local authorities for the questions in the Criminal justice system section

Local innovations

In a final section to the framework, respondents were invited to report on two issues: their work in implementing the new structures of the Care Act in relation to people with autism, and any other local initiative they thought had been particularly helpful. This section gives a brief overview of the range of responses received. All responses can be found in full in the spreadsheet version of the responses received.

One hundred and nineteen (82%) respondents described some type of initiative in relation to the Care Act. The scale of the initiatives varied considerably in size and scope; reflecting the size of the authorities concerned. Many respondents described initiatives addressing many aspects of Care Act working. Some of the initiatives whilst relevant to people with autism were not specific to this group, having similar relevance to other groups with Care Act eligible needs.

Fifty four (37%) local authorities reported prevention/enablement initiatives. Nineteen (13%) described work to develop or establish new support networks. Eleven (8%) reported work on employment opportunities or support. Eleven (8%) reported some type of information technology based support strategy; including one using a worn pulse rate monitor to establish contact with a supporter when the user appeared to be becoming distressed. Seven (5%) described low level support initiatives, although not all of these used this term. Six (4%) each mentioned voluntary sector initiatives or post-diagnostic support, and five (3%) awareness campaigns.

Forty five (31%) local authorities reported enhancements to their assessment and advice processes. Twenty one (14%) of these included some type of staff training and fourteen (10%) some development of the assessment process. Ten (7%) reported some enhancement of advocacy arrangements and six (4%) some specialist assessors.

Thirty two (22%) described some type of enhancement in their information services. For eight (6%) this included some active approach to identifying businesses or services that understood and provided for the specific needs of people with autism. Five (3%) each reported adjustments to enhance the usability of information portals and initiatives to inform self-advocates and carers about the new care act.

Fourteen (10%) mentioned some type of initiative to enhance local provider markets. Some of these related to encouraging development of small scale or voluntary sector provision often of limited day time support facilities. Three (2%) mentioned provision of intensive support teams to assist residential placements for people with autism discharged from hospital as part of the Transforming Care programme and three (2%) mentioned commissioning or development of a specific facility.

Fourteen (10%) discussed approaches relevant to the transition from children and young people's to adult's services. Three (2%) of these related to skills development for adult life and three (2%) to befriending services.

Thirteen (9%) reported development to care budgeting including family budgets and online budget management facilities. Six (4%) reported some type of carer support

initiative. Five (3%) reported developments to make care and support planning more prevention or enablement focussed.

One hundred and eleven localities (77%) provided an answer to this question. The answers were wide ranging and varied, touching on many different aspects of provision for people with autism from housing, employment, social support to low level interventions or technology.

Nineteen areas (13%) highlighted community groups or hubs which provide low level support for people with autism in their locality. These groups were noted by some areas as providing social support for people with autism who are ineligible for social care. The support offered included one on one support, support through social networks e.g. Facebook, peer advocacy, and mentoring.

Aspects relating to autism training were noted by seventeen areas (12%). These included raising awareness of autism for those in mainstream services such as leisure centres and libraries, to training for specific groups including social care staff, police or others in the Criminal Justice System. Some areas mentioned training being conducted by, or in conjunction with, self-advocates.

Technology such as iPads and use of applications were highlighted by fourteen areas (10%) as successful initiatives. Some areas noted that they had used money from the autism equipment grant to buy iPads or GoPros Uses of these included creating virtual tours to enable people with autism to 'visit' facilities, such as hospitals, virtually in advance of an admission or appointment. One area had designed their own autism app they were hoping to make available through iTunes.

Thirteen areas (9%) noted developments in housing as successful initiatives. This included provision for autism friendly supported living schemes. Other examples focussed on successful outcomes for individuals who have been brought back from out of area placements thanks to new housing provision being developed.
Initiatives around employment were highlighted by nine areas (6%) and included: Redeveloping day services into employment support, career advice services, and employability courses. One area outlined a scheme which supported employers to become autism champions with packages of support to take on apprentices with autism.

Nine localities (6%) noted an element of strategic development such as the setting up or development of an autism partnership board, or work towards their autism strategy was their most successful initiative. This included the participation of self-advocates or carers on boards, and surveys of people with autism to look at what provision is needed.

Work of specialist staff or staff teams were highlighted by six areas (4%). Development of new staff teams such as joint learning disability/autism teams or autism specialist social workers were noted as successful initiatives. One area noted that their autism community development worker is able to work across both health and social care to provide guidance for professionals.

Five areas (3%) noted their diagnostic service or post diagnostic support is their most successful initiative. One noted that their feedback from users and carers is positive. Three areas (2%) noted the purchase of resources for local libraries including books and DVDs on the topic of autism available for people with autism, carers and members of the public. The reorganisation of the layout of the library to make it more autism friendly, including a sensory tent was noted by one area.

Day services for people with autism were noted by four areas (3%). These day services were diverse from specialist provision for people with challenging behaviour to centres with vocational courses to teach supported living skills.

There were a further 11 initiatives which were noted by one area only. These were incredibly diverse and included: yoga sessions for anxiety, early intervention, and reasonable adjustments for mainstream services.

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List of tables and figures

Appendix 1

To: Directors of Adult Social Services

Copied to: Directors of Public Health
Directors of Children's Services
Clinical Commissioning Group Leads and Accountable Officers

18 July 2016

Dear Colleague

The 2016 Autism Self-Assessment Framework

We are writing to advise you of the fourth self-assessment exercise on the implementation of the 2010 Adult Autism Strategy (as amended by Think Autism in 2014), and to ask for your continued support in its undertaking and commitment to raise the awareness and equality of people on the autistic spectrum. Local Authorities continue to have an essential role in the implementation of the recommendations of the Strategy and the statutory guidance that supports it, working with partners from the health, employment, criminal justice and other sectors.

The purpose of the self-assessment is to enable local strategy groups to review their progress and support future planning with partners including people with autism and their families. It is also key in identifying progress made in the implementation of the Strategy across the country. Whilst it is important that the focus of implementation of the autism strategy is at a local level, the Government has a duty to monitor progress towards the implementation of the goals identified in the strategy. As in previous years the information submitted will be collated and analysed by Public Health England to provide the Cross Government Autism Programme Board with a report of the findings, before the information is widely shared.

The self-assessment questions, along with the spreadsheet for completion and technical instructions will all be posted on, and downloadable from, the project web page at https://www.khub.net/group/autism-self-assessment-framework. To use this facility your local co-ordinator for this work will need to be registered on the local authorities' Knowledge Hub system at www.khub.net. This is free of charge. Having registered they will need to apply to join the autism self-assessment framework group.

It is understood that in order to undertake the process meaningfully with the key partners involved, sufficient time will be required and therefore it is requested that the completed response should be e-mailed to autsaf@phe.gov.uk **by Monday 17th October 2016.**

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The Adult Autism Strategy

The cross-Government Adult Autism Strategy is an essential step towards realising the Government's long term vision for transforming the lives of, and outcomes for, adults with autism. The Strategy is not just about putting in place autism services but about enabling equal access to mainstream services, support and opportunities through reasonable adjustments, training and awareness raising.

A progress report on the high level actions of Think Autism, which was issued in January 2016, can be accessed at :
https://www.gov.uk/government/publications/progress-report-on-strategy-for-adults-with-autism

A copy of the related Statutory Guidance for Local Authorities and the NHS, issued in March 2015, can be accessed at :

https://www.gov.uk/government/publications/adult-autism-strategy-statutory-guidance

The self-assessment exercise

This exercise builds on the third self-assessment exercise that asked about progress at the time of collection (the first quarter of 2015) or as recorded in the most recently published national statistical data (relating to 2013/14). Some questions have changed since last time or been updated in light of known progress and feedback from areas, but will still enable a comparison with previous results. For some questions there is a RAG rating system with scoring criteria for that question. If a question is scored Red or Amber, respondents are asked to say what is stopping progress and for Green scores there will be the opportunity to say what actions have enabled progress. Examples of local innovative approaches and actions that have made a positive impact on individuals are also being sought.

Public Health England published full results and the individual area responses from the third national autism self-assessment exercise and the main reports can be found at:

http://www.improvinghealthandlives.org.uk/publications/313914/Autism_self-assessment_2014

Full details of all local authority submissions and a spreadsheet version of the data for analysis can be found at:

http://www.improvinghealthandlives.org.uk/projects/autsaf2014results

It is important to have a multi-agency perspective, including the involvement of health partners to reflect the shared requirements of the implementation of the strategy, although the Local Authority is tasked with the consolidation of the return as the lead body locally.

Respondents should be aware that all local responses will be published in full online. Like last time, this also includes individual returns being available on line in a more interactive way to allow dialogue with organisations and people in local localities through the Autism Connect website. The current information can be accessed through :
https://autism-connect.org.uk/users/myarea

Next Steps

Please draw attention to and discuss this letter with the local autism lead who is responsible for adult autism within your authority, so that they can lead the co-ordination of the return in your area. The timescale for completion of this part of the exercise is Monday 17th October 2016. The response for your Local Authority area should be agreed by the Autism Partnership Board or equivalent group, and the ratings validated by local people who have autism.

Technical detail on how the returns are to be made can be found at :

https://www.khub.net/group/autism-self-assessment-framework

If you have a query about completing the exercise that is not answered on the web page, please e-mail : autsaf@phe.gov.uk

When the spreadsheet is downloaded to start its completion a short message should also be sent to the above e-mail address indicating this process has started and the local authority involved.

Non-technical queries on the self-assessment exercise can be sent to: autism@dh.gsi.gov.uk

Yours sincerely

JON ROUSE   HAROLD BODMER
Director General   President
Department of Health   Association of Directors
                                              of Adult Social Services