

The Aberdeenshire Strategy for Autism

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1. Executive Summary

- 1.1 This document describes Aberdeenshire's 10 year Strategy for Autism. The primary aim of the Strategy is to help ensure that people with autism lead lives that are as fulfilling as possible. This will happen through empowering service users and their families to work in partnership with statutory and third sector services.
- 1.2 As well as a moral imperative to improve how we support people with and affected by autism, there is also a pressing economic driver. According to the London School of Economics (LSE) autism costs the UK economy £34 billion per year, while the cost of providing life time care for each person with complex needs involving ASD and affected by a learning disability is estimated at e £1.5 million Professor Martin Knapp, LSE, concludes: *"There is an immediate need for better coordination across public agencies and levels of government.....too often responses to the needs of individuals and families are piecemeal and less helpful than they could be.....In a time of austerity, the question is not 'Can we afford to invest in autism research?' but 'Can we afford not to?'"*¹
- 1.3 Prompted by the moral and economic imperatives, in 2011 the Scottish Government, in conjunction with COSLA, launched a Scottish Strategy for Autism which provides local authorities with a framework for the development and delivery of high quality services for individuals affected by autism.
- 1.4 An integral part of this framework is the requirement for the production of strategic autism plans within local authority areas. This document is the product of that requirement and is founded on contributions from service users and their carers, feedback from local professionals, and on national and international research.
- 1.5 Leading roles in collating the above and in setting the strategic direction for Aberdeenshire were played by an external authority in the field and by an Aberdeenshire resident with a personal interest in autism.
- 1.6 The Plan uses the Scottish Government's 10 characteristics of best practice with regard to autism services to chart where we are now in Aberdeenshire and what needs to be done to meet these welcome but challenging ambitions.
- 1.7 Similarly we have taken cognisance of the Government's staged approach over the 10 year period - Foundations (by year 2); Whole Life Journey (by year 5); and Holistic personalised approaches (by year 10).

2. What is autism and who is affected?

“If you stop me in the street for a conversation, then somehow I have to block out the noise of the traffic, the planes, passers-by, focus on your voice, ignore the patterns on your clothes and the patterns the fabric folds make, ignore your smell and all the other smells around me, particularly the smell of burnt diesel fuel which fills every street, ignore the ways your eyes, face and voice are changing and concentrate on the words, otherwise I won’t be able to hear you.

For me, things are turned up to eleven – except for the things that are turned down to zero. How loud is my own voice? I haven’t got any idea. Use my own facial expressions? Add some tone to my voice? You must be joking: I’m already doing far too much to be able to do any more.

The Goth (NAS information leaflet)

- 2.1 Autism is a lifelong developmental disorder that affects the way a person makes sense of the world, communicates and relates to people around them. Children and adults with autism have difficulties with everyday social interaction. They may have difficulty with friendships and understanding other people’s emotional expression. The learning and social demands of school can be challenging. Behavioral issues may include: a need for routine; difficulty understanding intentions feelings and perspectives; sleeping and eating issues; and mental health problems such as anxiety and depression. For some, challenging or aggressive behavior can be a symptom of stress. These features may substantially impact on the quality of life for the individual and their families leading to social vulnerability. Like everyone else, people with autism are individuals in terms of personal attributes, strengths and cognitive ability.
- 2.2 Diagnosis is based on a person’s ability to think flexibly, communicate effectively and deal with reciprocal social interactions, known as the Triad of Impairments. The presence of all three is necessary for diagnosis.
- 2.3 Prevalence studies of children in Scotland point to an incidence of 0.9% (*Green, H. et al (2005) Mental health of children and young people in Great Britain, 2004. Office of National Statistics*)² or 90 in 10,000 children. This suggests that there are over 50,000 people in Scotland with autism and of these, an estimated 40% have a diagnosed learning disability. People at the higher functioning end of the autistic spectrum meet the criteria for Asperger’s Syndrome.
- 2.4 In 2013 in Aberdeenshire there were 595 school age children with autism – 231 in primary schools; 260 in secondary schools and 104 in special school provision. The Scottish Consortium for Learning Difficulties reports that in Aberdeenshire there are 165 adults with an autism diagnosis. Prevalence figures would however estimate there are 2277 people in Aberdeenshire with autism.

3 The National Context

The Government's policy direction is set out through three interlinked strands of Vision, Values and Goals.

3.1 Vision

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

*The Scottish Strategy for Autism
Scottish Government 2011³*

3.2 Values

- **Dignity:** people should be given the care and support they need in a way which promotes their independence and emotional well-being and respects their dignity;
- **Privacy:** people should be supported to have choice and control over their lives so that they are able to have the same chosen level of privacy as other citizens;
- **Choice:** care and support should be personalised and based on the identified need and wishes of the individual;
- **Safety:** people should be supported to feel safe and secure without being over-protected;
- **Realising potential:** people should have the opportunity to achieve all they can;
- **Equality and diversity:** people should have equal access to information assessment and services. Health and social care agencies should work to redress inequalities and challenge discrimination.

People with ASD expect to have the support of professionals working together in their best interests to make these values a reality.

3.3 Goals

Goals are set out and then grouped into time frames. The Goals/Good Practice Indicators are:

1. *A local Autism Strategy* developed in co-operation with people across the autism spectrum, carers and professionals, ensuring that the needs of people with ASD and carers are reflected and incorporated within local policies and plans.
2. *Access to training and development to inform staff* and improve the understanding amongst professionals about ASD.
3. A process for ensuring a means of easy access to useful and practical *information* about ASD, and local action, for stakeholders to improve communication.
4. *An ASD Training Plan* to improve the knowledge and skills of those who work with people who have ASD, to ensure that people with ASD are properly supported by trained staff.
5. A process for *data collection* which improves the reporting of how many people with ASD are receiving services and informs the planning to these services.

6. *A multi-agency care pathway for assessment, diagnosis and intervention to improve the support for people with ASD and remove barriers.*
7. A framework and process for seeking *stakeholder feedback* to inform service improvement and encourage engagement.
8. Services that can demonstrate that *service delivery is multi-agency* in focus and coordinated effectively to target meeting the needs of people with ASD.
9. Clear multi-agency procedures and plans to support individuals through *major transitions* at each important life-stage.
10. *A self-evaluation framework* to ensure best practice implementation and monitoring.

The Scottish Strategy divides these goals into three parts:

Foundations (by 2 years)
Whole-life journey (by 5 years), and
Holistic Personalised Approaches (by 10 years)

Although Services in Aberdeenshire take cognisance of these time related tasks, we have done so in a non prescribed way and have, rather, agreed to seize opportunities whenever they arise.

More specifically the time – bounded ambitions are

Foundations: by 2 years

1. Access to mainstream services where these are appropriate to meet individual needs
2. Access to services which understand and are able to meet the needs of people specifically related to their autism.
3. Removal of short-term barriers such as unaddressed diagnosis and delayed intervention.
4. Access to appropriate post-diagnostic support for families and individuals (particularly when there is a late diagnosis).
5. Implementation of existing commissioning guidelines by local authorities, the NHS and other relevant service providers

Whole life journey: by 5 years

1. Access to integrated service provision across the lifespan to address the multi-dimensional aspects of autism.
2. Access to appropriate transition planning across the lifespan
3. Consistent adoption of good practice guidance in key areas of education, health and social care across local authority areas.
4. Capacity and awareness-building in mainstream services to ensure people are met with recognition and understanding of autism.

Holistic personalised approaches: by 10 years

1. Meaningful partnership between central and local government and the independent sector.
2. Creative and collaborative use of service budgets to meet individual need (irrespective of what the entry route to the system is)
3. Access to appropriate assessment of needs throughout life
4. Access to consistent levels of appropriate support across the lifespan including into older age.

In addition the Aberdeenshire Strategy will focus improvement activities on key stages in the life cycle:

- Birth to primary school
0 – 5 years
- Primary school
5 -11 years
- Secondary school
11- school leaving age
- Post School
School leaving age– 25 years
- Adult lifespan until retirement
25 – retirement

4. The 2014 Aberdeenshire Overview

- 4.1 Aberdeenshire is the fourth largest local authority in Scotland and covers a wide and diverse geographical area. The wealth generated by the farming, fishing and oil industries sits alongside areas of significant deprivation and poverty.
- 4.2 The geography and diversity of Aberdeenshire presents ongoing challenges around consistency of access to service provision.
- 4.3 Although the launch of the national strategy gave a welcome impetus to improving the Aberdeenshire position, it is fair to say that services and service users in Aberdeenshire were already engaged in developing many of the “Good Practice Indicators”. The details of individual services/projects can be found elsewhere but for the purposes of this strategic plan the foundations upon which improvement will be built include:
- 4.4 Diagnosis of ASD in Aberdeen City where key Health Services for all age groups are based while Mental Health Services for North West Aberdeenshire are delivered from Moray.
- 4.5 A comprehensive review of enhanced educational provision for children with additional support needs has been undertaken and a redesigned model is being implemented to provide equity, fairness and transparency and to ensure that

children and young people across Aberdeenshire get the right support, at the right time, in the right place.

- 4.6 Schools are in process of developing autism friendly environments, processes and professional tools and an increasing number of staff are trained in supporting children with autism.
- 4.7 Increasing numbers of education staff are TEACCH trained while one primary and two special schools have achieved NAS Accreditation. Several other schools are working towards this award.
- 4.8 Social Work child care teams are dispersed throughout Aberdeenshire and work collaboratively with families and professionals to provide bespoke in – house and commissioned support that helps ensure a child’s wellbeing.
- 4.9 In the post-school sector, one day service and two supported living centres have achieved NAS Accreditation. Two day services, one supported living centre and one respite care service are working towards it.
- 4.10 The Community Learning Disability team is a specialist service involving representation from psychiatry, clinical psychology, social work, occupational therapy and speech and language therapy. Teams are based in Banff, Inverurie and Stonehaven.
- 4.11 Support and information are available from several initiatives such as The One Stop Shop and the Information Hub in Aberdeen, Harlaw Centre, Inverurie and the Triple A Group, based in Aberdeen.
- 4.12 Supported accommodation is available throughout Aberdeenshire
- 4.13 Self Directed Support arrangements are in an advanced stage of development and it is anticipated that SDS will afford individuals a more personalised and creative range of service provision. .
- 4.14 Recent data (*Robinson et al (2012)*⁴) suggest that 4% of the prison population is on the autism spectrum and there is a strong commitment from the management team of HMP Grampian to develop an autism friendly environment and promote awareness and expertise among staff working with individuals with autism.

In terms of engagement, activities have included:

- One Stop Shop consultations, held in June and July 2012, collated views from parents, families and professionals about the information, services and supports required as did a National Autistic Society (NAS) Ellon Branch conference held in May 2012.
- The 2013 Aberdeenshire Autism Conference which focused on the views of service users and their families about future service provision. The conference was supported by Aberdeenshire Council, the National and Grampian Autistic Societies, NHS Grampian, VSA, Police Scotland and the Scottish Government. Conference feedback included the acknowledgement of a wide range of services provision for children, young people and

adults with autism but also highlighted a need to improve strategic linkages and planning within and between service sectors.

- A consultation with families and young people with Asperger's Syndrome, who have recently left school, was held in September 2013. The young people and their parents provide a valuable source of information in terms of shaping future provision.
- Commissioning a local expert in the field and a local parent with a particular experience of autism to work with senior members of Aberdeenshire Council and NHS Grampian to draft this Policy.

Aberdeenshire will build on the above to meet the national autism ambitions.

5 Strategic Drivers/Indicators

5.1 A Local Autism Strategy (Goal 1)

- The existence and content of this document evidences a staged approach to Aberdeenshire's Strategy for Autism (ASD) and acknowledges the timeframes set by the Scottish Strategy. **(Complete January 2014).**
- Worthy of specific mention are the following building blocks:
- The ASD Strategic Outcome Group (ASDSOG) will be reconfigured to include representatives from all core services dealing with adults and is confirmed as the key strategic planning group for those over 18 years of age. **(2014 – Social Work Manager, Learning Disability)**
- The Getting it Right for Every Child (GIRFEC) implementation arrangements in Aberdeenshire will create a disability themed sub – group and will continue to provide leadership and governance of for all children in need in Aberdeenshire. **(2014. Chair of GIRFEC Management Group)**
- The leads of the ADSOG and the GIRFEC sub group will meet on a bi annual basis to develop quality assured processes and practice for people with autism on the transition from services for children to services for adults and task the above groups as required.

5.2 Access to Training and Development for staff; a Training Plan (Goals 2 and 4)

Over the past decade training for professionals in Aberdeenshire has been provided by:

- NAS provide training at a number of levels including Accreditation
- Grampian Autistic Society (GAS)
- Scottish Society for Autism (now Scottish Autism)
- Educational Psychology Service to colleges, schools, nurseries and service providers
- National conferences
- Postgraduate certificate, diploma and Masters level from Strathclyde University, mainly for teachers, who now inform policy and help provide training and practice

guidance.

- NHS Grampian
- VSA
- NAS local branches
- Social Light Solutions
- Teacher training: Aberdeen University provides one half-day training in ASD awareness

Police officers in the Grampian area are required to take part in an annual distance learning programme on working with people with autism.

Training for parents has been provided by NAS, VSA, Educational Psychology Service, parent support groups and Barnardos Cygnet programme.

Nevertheless there is a need for a more strategic and staged approach to training that follows the learning pathway recommended by the Scottish Government in respect of those whose work involves children – general, specific, intensive.

To this end:

The training sections of Aberdeenshire Council and NHS Grampian will ensure the development of an autism focused Training Plan commensurate with the needs of members of the work force. **(2014 GIRFEC Leadership Group)**

These training sections will also ensure the development of a similar approach to enhancing the development of skills and knowledge of family members and to which opportunities such as SDS may provide financial wherewithal. **(2015)**

5.3 Ease of Access to Information about ASD (Goal 3)

Sources of information about autism and autism related services include the Aberdeenshire Council Website, Grampian Care Data, GAS, NAS, One Stop Shop, Information Hub, Harlaw Centre, Departments of Mental Health for all age groups, and the Educational Psychology Service.

All primary and secondary schools in Aberdeenshire have a copy of “*Working Together to Support Autism*”⁵ which contains “a framework for an autism friendly school”, information about working with a pupil with Asperger’s Syndrome and a P7-S1 passport to aid transition. A post-school passport is also available.

Nevertheless the Mapping Exercise suggests that information does not always reach those who would benefit most, it makes specific observations about health care professionals and suggests that embedding an understanding of autism needs in schools could be improved.

Consequently for those whose information/ knowledge needs are not covered through the training strategy:

The Community Planning Partnership will assume responsibility for ensuring that public awareness and understanding of autism is raised in Aberdeenshire. **(2015. Chair of the Aberdeenshire CPP)**

5.4 A Process of Data Collection (Goal 5)

Aberdeenshire's Education Learning and Leisure Service collects data on pupils with additional support needs while data in respect of adults is collated via SCLD and eSAY.

Nevertheless the ME highlighted the need to develop a comprehensive process of data collection that can then be used to inform service development.

We will achieve this in Aberdeenshire by:

- The formation of a multi-agency overview plan relating to data collection ensuring key transitions are well-informed. **(2015. Led by EL&L)**
- Using the individual records of service users to identify need, both met and unmet, to plan capacity and to commission appropriate services. **(2014 GIRFEC Leadership Group for Children ; ASDSOG for Adults)**

5.5 Assessment, Diagnosis and Intervention – A Multi-Agency Care Pathway (Goal 6)

As Mental Health Services for children, young people and adults are based in Aberdeen City, assessment and diagnosis are typically carried out by medical practitioners based in NHS Services in Aberdeen City. Waiting times can be extensive, and there can be additional challenges in arranging the consistent provision of multi agency information to help inform the diagnostic, initial response and ongoing support arrangements.

Accordingly:

- NHS Grampian in collaboration with Aberdeenshire services will work towards a multi-agency assessment, diagnosis and intervention process being used consistently and based on assessment of need. **(2014 GIRFEC Leadership Group for Children; ASDSOG for Adults)**
- The identification of a 'Named Person' will be embedded in practice for children and young people up to the age of 18 years. **(2015 NHSG; EL&L through GIRFEC Management Group)**
- For children and young people with complex needs, there will continue to be ready engagement with the Multi-Agency Action Planning and related processes through the Named Person. **(2015 NHSG; EL&L)**
- For people over the age of 18, there is further development of the NHS Grampian Diagnostic and Patient Care Pathways. This includes the development of the "Lead Professional " concept in respect of adults **(2015 ASDSOG)**
- A process is developed for supporting families during the diagnostic process, including the child, young person or adult with autism. **(2015 NHSG)**

5.6 Stakeholder Involvement and Self Evaluation (Goals 7 and 10)

Aberdeenshire has held two stakeholder events - one in 2009 specifically relating to Asperger's Syndrome and in 2013 via the Aberdeenshire Conference on Autism 2013.

Parents, carers and stakeholders were also involved in the 2006 evaluation of Children's Services by Dundee University.

As well as demonstrating a commitment to stakeholder involvement, these events have been used as an integral contribution to self evaluation and improvement.

Nevertheless services in Aberdeenshire recognize the need for a more systematic approach to stakeholder involvement and the self evaluation of ASD related projects, practice and overarching strategic direction.

Consequently:

There will be a review of current systems and processes to obtain service user and carer feedback, input into service design, and current methods of self evaluation and improved where necessary. **(GIRFEC Leadership Group; ASDSOG by December 2014).**

5.7 Multi-Agency Assessment and Service Delivery (Goal 8)

Where a child's needs are complex and require the input of more than one service, the Integrated Assessment Framework is increasingly accepted as the way delivering multi agency support.

Where needs can be met by one service adapting its approach e.g. through re-arranging aspects of the school day some satisfaction levels and outcomes have been very positive. Nevertheless the ME suggests a need for greater consistency

For adults the ME reports that adults with Aspergers Syndrome have difficulty accessing supports as they fall between Mental Health and Learning Disability Services and that young people can feel unsupported when they leave school.

Where are we going?

Children, young people and adults with ASD will receive, from cradle to grave, support, resources and services in response to their needs, when they need it. Multi-agency coordination of assessment and planning is central

For children and young people, the introduction of a 'Named Person' will provide the link between diagnosis and intervention and will provide an access route to the IAF process. Young people with complex needs will make the transition into adult services with an action plan based on assessment, diagnosis and information on progress. For adults with disabilities, health and social care services have been working on the 'joint strategic commissioning framework'. A joint Health and Care Partnership Committee will be established in the year 2013/2014 and a joint financial framework comprising all social work and primary care resources for the learning disability service will be in place by the end of 2014. Plans are in place for joint commissioning of services for adults with learning difficulties by the end of 2015.

- Services in Aberdeenshire will ensure that assessment and care planning processes are designed around service user need and avoid repetition, duplication and waste. In particular the adoption of the “Lead Professional” model will be considered by adult services **(GIRFEC Leadership Group; ASDSOG December 2015)**
- At a Service planning and development level Services in Aberdeenshire will review joint commissioning opportunities for people with ASD **(GIRFEC Leadership Group; ASDSOG December 2015)**

5.8 Transitions – Multi-Agency Procedures and Plans (Goal 9)

Aberdeenshire EL&L’s multi-agency P7-S1 passport supports transition between primary and secondary school and by the end of session 2013-2014, all secondary schools will use ‘Transitions in Action’ a curricular resource pack focusing on transition in a staged manner. A passport to support children moving from pre-school provision to P1 is in process of development.

Similar single service type transition initiatives exist in other services, and the challenge lies in ensuring that these single service processes remain modern and in ensuring the development of multi agency approaches where required

Accordingly:

- Services in Aberdeenshire will ensure that key processes and practice provide appropriate support to people with ASD throughout their lives, and particularly at times of developmental change and transfer of responsibility between services. **(GIRFEC Management Group; ASDSOOG July 2014)**

Appendix 1

Background Guidance and Legislation

Numerous key documents have been released at national and local level which inform and shape policy and practice for people with autism. These include:

- *The Same as You? (2000)*. A review of services for people with learning disabilities and ASD in Scotland. It sets out a ten year change programme to help empower and afford more choices to individuals and their carers.
- *Working Together to Support Autism (2006)*⁵ provides guidance for Aberdeenshire Council schools, including a framework for an autism friendly school, information about working with pupils with Asperger's Syndrome and a P7-S1 passport to aid transition. A post-school passport is also available.
- *The Development of a National Training Framework for Autistic Spectrum Disorder (2004)*⁶ is a comprehensive study of training for professionals conducted by MacKay and Dunlop. It was commissioned by NAS Scotland and funded by the Scottish Executive. The study reports that while people working intensively with individuals with ASD generally receive appropriate training, there are a significant number of others with little or no training. The report recommends the development of a National Training Framework for Autistic Spectrum Disorders in Scotland to ensure that core training is given at pre- service and in-service levels for key professionals working in the ASD field.
- *Changing Lives*⁷ was produced in 2006 by the 21st Century Social Work Review Group. The report identifies greater public expectation about the development of personalised services and the need to support individuals, their families and local communities to provide care. These messages are highly relevant to the learning disabilities agenda and are a key element in supporting people with learning disabilities to live as independently as possible within their own communities.
- *The Sign Guidelines*⁸ published in 2007; provide clinical guidelines for the assessment, diagnosis and clinical interventions for children and young people with autism. Although the guidance applies to children and young people the importance placed on early diagnosis appropriate interventions and structured supports, is also relevant to adults. The guidance also considers how multidisciplinary working can best meet the needs of individuals with ASD.
- The Scottish Government directs Local Authorities to consider a range of relevant policies and frameworks at national and local level. *The National Performance Framework (2007)*⁹ sets out national targets which aim to ensure that public services are efficient and of a high quality, are continually improving and are responsive to local need. Single Outcome Agreements (2007)¹⁰ negotiated annually between local authorities and government, describe how local priorities can be achieved. Further development of this approach will now take place in the context of the concordat and will include outcome measures for people with learning disabilities.
- *Commissioning Services for People on the Autistic Spectrum (2008)*¹¹. This guidance from the Scottish Government encourages services to include people with ASD in the development of outcome based approaches for adults. It

acknowledges the challenges faced in providing appropriate services for some people on the autism spectrum, referring specifically to Aspergers Syndrome and high functioning autism. It recommends that community care services for people with ASD should be embedded within joint partnership service planning, commissioning and delivery, including the implementation of Single Shared Assessment (SSA). This ensures that at any one time, a lead professional coordinates assessments, makes sure appropriate services are put in place and acts as a point of contact. There are, however, many examples where adults are the lead person in planning for their own lives and require no more than care co-ordination. This dovetails with the IAF process for children and young people and provides the link at transition between children's and adult services.

- Aberdeenshire's *Joint Strategic Framework for Adult Learning Disability Services 2013-2023*¹² outlines plans for a shift in the balance of care, so that people with learning disabilities become the lead commissioners of the services they receive. The framework describes commissioning in terms of two levels; 1. strategic commissioning where services are commissioned to meet the needs of a population, e.g. providing the best possible care for health and wellbeing, and 2. personalised commissioning where services are commissioned to meet an individual's needs, e.g. support to be as independent as possible. The joint commissioning framework focuses on the need for health and social care services for adults with disabilities alongside their partners and service users, to work together to reshape current strategies for service delivery in order to build capacity for flexibility. There is a shift in emphasis from tying up resources in rigid support models to tailoring support to meet individual needs.
- *Getting it Right for Every Child*¹³ (GIRFEC) and the *Additional Support for Learning (Scotland) Act (2009)*¹⁴ direct Local Authorities and partners to develop effective integrated processes for the identification, intervention and monitoring of additional support needs. Aberdeenshire has multi agency GIRFEC Implementation arrangements.
- Aberdeenshire Council has produced '*Support Manual: Towards Excellent Support for Children and Young People (2012)*¹⁵. This provides practitioners and managers with practical guidance for meeting the additional support needs of children and young people. Aberdeenshire's Support Manual states:
 - "*Aberdeenshire Council is committed to achieving the best outcomes for all children and young people. Research shows that the Scottish Government's vision for children and young people to be safe, nurtured, healthy, achieving, active, included and responsible can be achieved most effectively through*
 - *integrated working across all relevant services and agencies as described within the GIRFEC agenda.*"
- *The Child and Young People Bill (2013)*¹⁶ proposes a framework which will underpin and complement the process provided by the Additional Support for Learning legislation. Key proposals include that all children and young people, from birth to leaving school, have access to a Named Person and that a single planning process, leading to a single child's plan, should be in place to support those children and young people where there is a concern about well-being.
- *The Keys to Life - Improving Quality of Life for People with Learning Disabilities.*

- *Scottish Government (2013)* focuses on ensuring all health professionals can better meet the needs of people with learning disabilities and enable them to be part of the community.
- *The Self-Directed Support (Scotland) Act 2013¹⁷* will be implemented for children and adults in 2014 and enhances a person's involvement and responsibility in planning their own provision. In the context of an assessment of need an individual may be provided with a budget and to purchase the type of support that they require.
- *The Public Bodies (Joint Working) (Scotland) Bill 2013¹⁸* is intended to enhance the delivery of integrated service to service users /patients by integrating Health and Social care for Adults.

Appendix 2

Glossary of Terms, Acronyms and Abbreviations

AS	Asperger's Syndrome
ASD	Autism Spectrum Disorders
ASDSOG	Autistic Spectrum Disorders Strategic Outcome Group
CJS	Criminal Justice System
COSLA	Convention of Scottish Local Authorities
GAS	Grampian Autistic Society
GIRFEC	Getting it Right for Every Child
IAF	Integrated Assessment Framework
LSE	London School of Economics
ME	Scottish Government's Mapping Exercise
NAS	National Autistic Society
NHS	National Health Service
NICE	National Institute for Health and Clinical Excellence
P1	Primary 1
PG	Post Graduate
S1	Secondary 1
SDS	Self Directed Support
SPS	Scottish Prison Service
TEACCH	Treatment and Education of Autistic and Related Communication Handicapped Children
VSA	Voluntary Services Aberdeen

Appendix 3

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15. *Support Manual: Towards Excellent Support for Children and Young People*. Aberdeenshire Council 2012
16. *Children and Young People Bill*, Scottish Government (2013)
17. *The Social Care (Self-Directed Support) (Scotland) Act 2013*
18. The Public Bodies (Joint Working) (Scotland) Bill, Scottish Government (2013)

