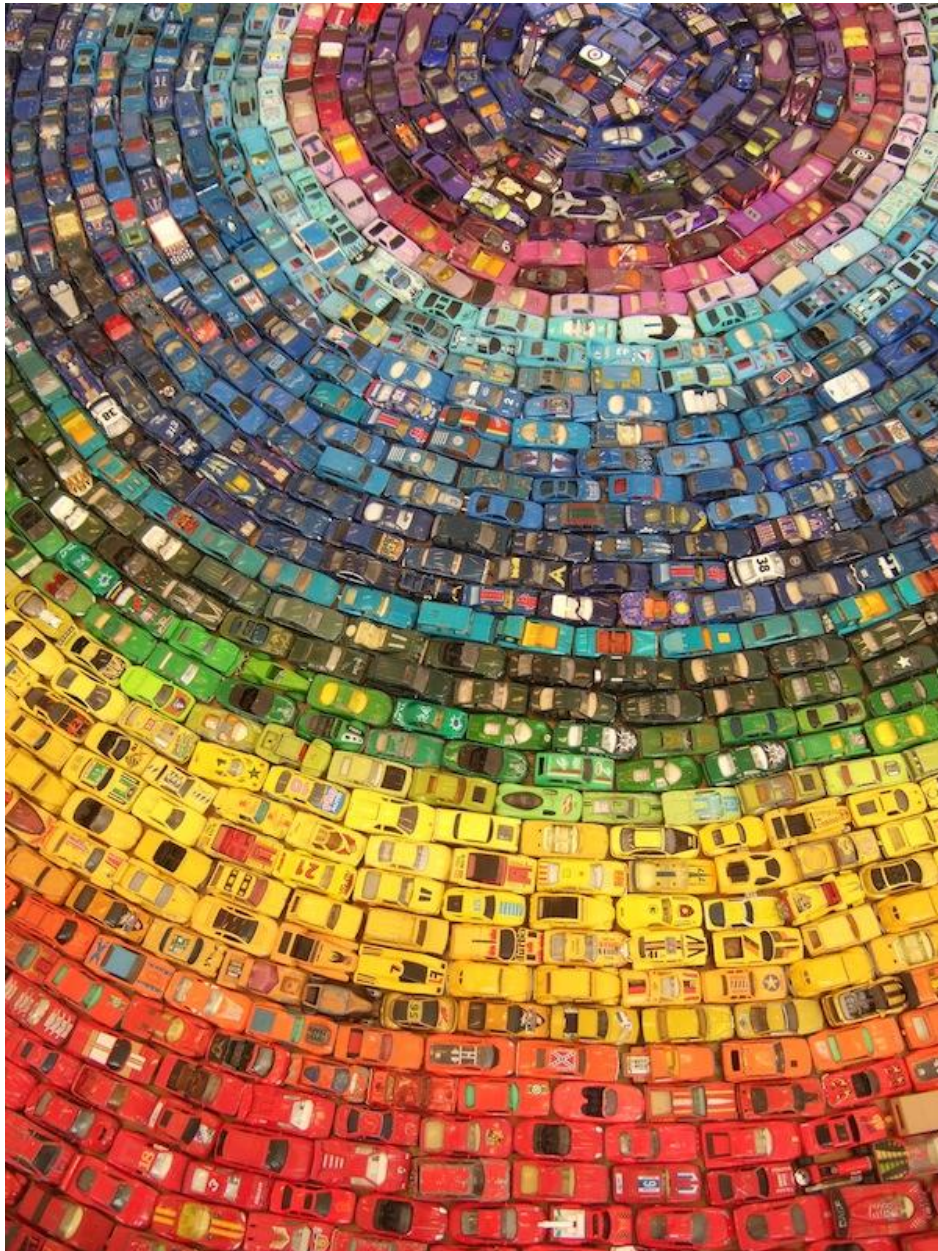


# Ayrshire and Arran Autism Strategy 2015-2025

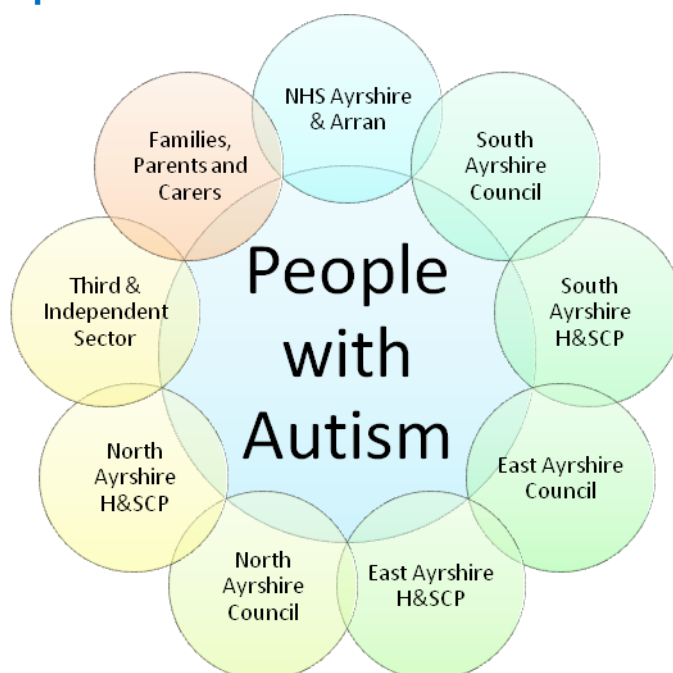


## Contents

	Page
Our Partnerships	1
The Strategy	3
The Challenges	8
Our Approach	12
Resources	16
Priorities and Recommendations	18
Delivering the Strategy	25
Appendices	26

Cover shows "Car Atlas" - (detail) Installation using toy cars by David T Waller - Visual Artist.  
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## Our Partnerships



NHS Ayrshire and Arran, East, North and South Ayrshire Councils, alongside Third and Independent Sector organisations have a long and positive history of joint working in Ayrshire and Arran.

The Scottish Strategy for Autism states that supporting people with autism is a national priority and calls for action to be taken at local and national levels. It calls for more consistent service standards and better matching of resources to need. It says that there should be a holistic, joined-up approach and that people with autism and their carers need to be supported by a wide range of services including social care, education, housing, employment and other community-based services.

Local authorities and their partners have been asked to develop plans showing how they will deliver a more joined-up approach. This includes developing a local strategy for autism.

In Ayrshire, it was agreed that developing an Ayrshire-wide strategy would be the best way to establish a more coordinated approach and make best use of resources to support people with autism.

### **Developing an Autism Partnership for Ayrshire and Arran**

Although a wide range of services and supports are currently available to people with autism in Ayrshire, this is the first time that local support will be planned and coordinated through a joint planning process.

To get this process under way, statutory agencies have been working to bring together a multi-disciplinary Ayrshire Autism Steering Group. The Steering Group will lead to the development of a pan-Ayrshire Autism Partnership. The Steering Group, and ultimately the

Partnership, will lead the development of joint strategic planning and stronger local policy to support people with autism and their carers.

The core membership of the Steering Group has come from officers at South, East and North Ayrshire Health and Social Care Partnerships. Stakeholders from a variety of organisations, service users and carers will be represented within the wider Partnership structures as these develop.

The Ayrshire Autism Partnership will actively seek the views of people with autism and their carers to inform stronger policy and practice across service areas. The Partnership will consider relevant national policy and legislative changes and will support action to raise awareness around autism and the needs of people with autism and their carers.

### **Who will deliver our Strategy for Autism in Ayrshire?**

Delivery of the priorities set out in the Scottish Strategy for Autism and our local strategy will be led and coordinated by the multi-agency Ayrshire Autism Partnership.

Achieving the best outcomes for people with autism and their carers is a far wider responsibility, requiring better joint working between statutory and voluntary service providers and support from local communities across Ayrshire.

Meaningful change for people with autism in Ayrshire will only come about through a concerted effort across stakeholders. Local agencies will call on the expert support of the Scottish Government and organisations such as the Autism Network Scotland, NHS Education Scotland (NES), the National Autistic Society (NAS), Scottish Autism and the Scottish Council for Learning Disability (SCLD).

It is also important that local communities and community organisations work together to improve the lives of people with autism. This will involve people with autism, families and carers, wider community members, local support groups (e.g. South Ayrshire Autistic Society, NAS North Ayrshire & NAS East Ayrshire branches). As well as statutory services (e.g. health, education, social work, housing) it will involve local organisations from the independent and voluntary sectors such as ENABLE, Hansel Alliance, Barnardo's, Quarrier's, Turning Point, Richmond Fellowship and the Ayrshire Autism One Stop Shop.

For our approach to succeed we hope that all stakeholders will feel a sense of ownership of the strategy and its key priorities.

## The Strategy

### Vision

Based on consultation with local people with autism and their carers, and in line with the priorities set out in the Scottish Strategy for Autism, our vision for supporting people with autism in Ayrshire is that:

*“All people with autism are respected and accepted for who they are, are valued for what they contribute to our communities, and are able to live the life they choose.”*

We fully recognise the valuable role that people with autism play in our communities in Ayrshire. We believe that people with autism should be treated with dignity and respect, and receive the support they require to continue to live full lives in their community. We believe that everyone is unique and entitled to a fulfilling life.

The issues and challenges facing people with autism vary greatly, and are often complex. We believe that people with autism (and their families and carers) are best placed to understand their own needs, make choices and take more control of their lives.

We want to make life better for all people in Ayrshire with autism – whatever their age, circumstances or level of ability. This means empowering people to achieve the personal outcomes they set for themselves. We want to ensure that we work together to help people with autism, and that all communities and services can respond to the individual needs of people with autism.

### Who will the strategy support?

Autism is a lifelong developmental condition which is sometimes referred to as autistic spectrum disorder (ASD). Autism affects how an individual understands, communicates and relates to other people and environments and can include conditions such as classic autism and Asperger’s Syndrome.

The condition covers a wide range of symptoms often grouped into a ‘triad of impairments’, with people experiencing problems with:

- Communication – both verbal and non-verbal, e.g. difficulties with use and interpretation of voice intonation, facial expressions and other communicative gestures;
- Reciprocal social interaction – this includes the ability to understand what someone else might be thinking in a real-time situation and to understand the need for social ‘give and take’ in conversation and overall interaction;
- Restrictive, repetitive and stereotypical routines of behaviour – these may involve enthusiasms held by a person with ASD (which may be very restricting for their

family, friends and colleagues but may also be psychologically distressing or inhibiting for the individual with ASD).<sup>1</sup>

Autism is a 'spectrum condition' meaning that while some characteristics are shared by all those on the spectrum; some are very specific to individuals. While some people live independently, others require high levels of specialist support.

The condition varies in the way it impacts on the individual. For example, for some people with high functioning autism and Asperger's Syndrome (including those with average or above-average cognitive abilities) the expectations of society and their expectations of themselves can lead to severe anxiety and stress as they encounter a myriad of challenges in getting on with their lives, often without any appropriate support from services.

Many people with autism have other conditions that impact on their lives such as learning disability, sensory impairment, attention deficit hyperactivity disorder (ADHD), dyslexia, dyspraxia. The presence of multiple conditions adds to the complexity of an individual's needs and the nature of support required.

Some people with autism in Ayrshire have a formal diagnosis of the condition while others do not. In some cases people are living with 'hidden' autism, often where autism is 'masked' by another presenting condition or disability.

Some people with autism have no ongoing contact with 'formal' support services. However, universal services (including housing, transport, sport and leisure) as well as local businesses should be taking account of the range of needs of this population.

The strategy aims to support all people with autism (with or without a formal diagnosis) from cradle to grave. Our primary aim is that the wider communities of Ayrshire become 'autism friendly' and where individuals require services, these are delivered in the most appropriate way and tailored to the personal needs and aspirations of the individual.

## **Autism and Ayrshire**

The Scottish Strategy for Autism recognises that data collection in relation to autism and recording of service use by people with autism are key areas for improvement. There is no precise current data on how many people in Ayrshire have autism. Current estimates place the prevalence of autism among children and adults at 1.1% of the UK population<sup>2</sup>. Applying this prevalence rate to the latest population estimate for Ayrshire (372,210 at 2013<sup>3</sup>) gives an estimated prevalence of 4,094 individuals with autism living in the three Ayrshire local authority areas.

The Scottish Strategy for Autism cites the 2005 Office of National Statistics survey of the mental health of children and young people in Britain which found that the ratio of males and

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<sup>1</sup> Scottish Government (2011) *The Scottish Strategy for Autism*, Edinburgh  
<http://www.autismstrategyscotland.org.uk/>

<sup>2</sup> The National Autistic Society, [www.autism.org.uk](http://www.autism.org.uk)

<sup>3</sup> National Records of Scotland

females with autism was 4:1. The study also provided a breakdown of estimated prevalence figures by age group based on a (lower) prevalence rate of 90 per 10,000 people. The figures were given by local authority area as shown in Table 1.

**Table 1 – Estimated ASD population by age and local authority area, 2005**

	East Ayrshire	North Ayrshire	South Ayrshire	Total	
Age range	No.	No.	No.	No.	%**
0 to 4 years	65	74	61	<b>200</b>	6
5 to 9 years	68	78	64	<b>210</b>	6
10 to 14 years	70	79	65	<b>214</b>	6
15 to 19 years	69	78	64	<b>211</b>	6
20 to 29 years	141	161	133	<b>435</b>	13
30 to 65 years	501	570	469	<b>1,540</b>	47
>65 years	<i>n/a</i>	<i>n/a</i>	<i>n/a</i>	<i>n/a</i>	-
<b>ASD population*</b>	<b>1074</b>	<b>1219</b>	<b>1005</b>	<b>3,298</b>	<b>100</b>

\*Estimate based on 90/10,000

\*\*of population estimate – excludes >65s

The data does not include people aged over 65 and uses a different prevalence rate to that which is currently accepted. However, it gives a reasonable indication of the spread of the ASD population across the age groups.

Monitoring of people with autism using statutory services is limited and will only record members of the population currently in contact with services. Table 2 illustrates the significant gap between estimated prevalence at 2013 and the numbers of people with autism that were known to services.

**Table 2 – Estimated prevalence of autism in Ayrshire and recorded service use, 2013**

Area	Population estimate - 2013	Autism prevalence estimate - 2013	Adults with autism known to LD services – 2013*	Children and YP with autism in education – recorded 2013**	Total people with autism known service users	% of estimated prevalence
East Ayrshire	122,440	<b>1,347</b>	64	120	<b>184</b>	14%
North Ayrshire	136,920	<b>1,506</b>	67	165	<b>232</b>	15%
South Ayrshire	112,850	<b>1,241</b>	62	217	<b>279</b>	22%
<b>Total</b>	<b>372,210</b>	<b>4,094</b>	<b>193</b>	<b>502</b>	<b>695</b>	<b>17%</b>

\* eSAY return, 2013

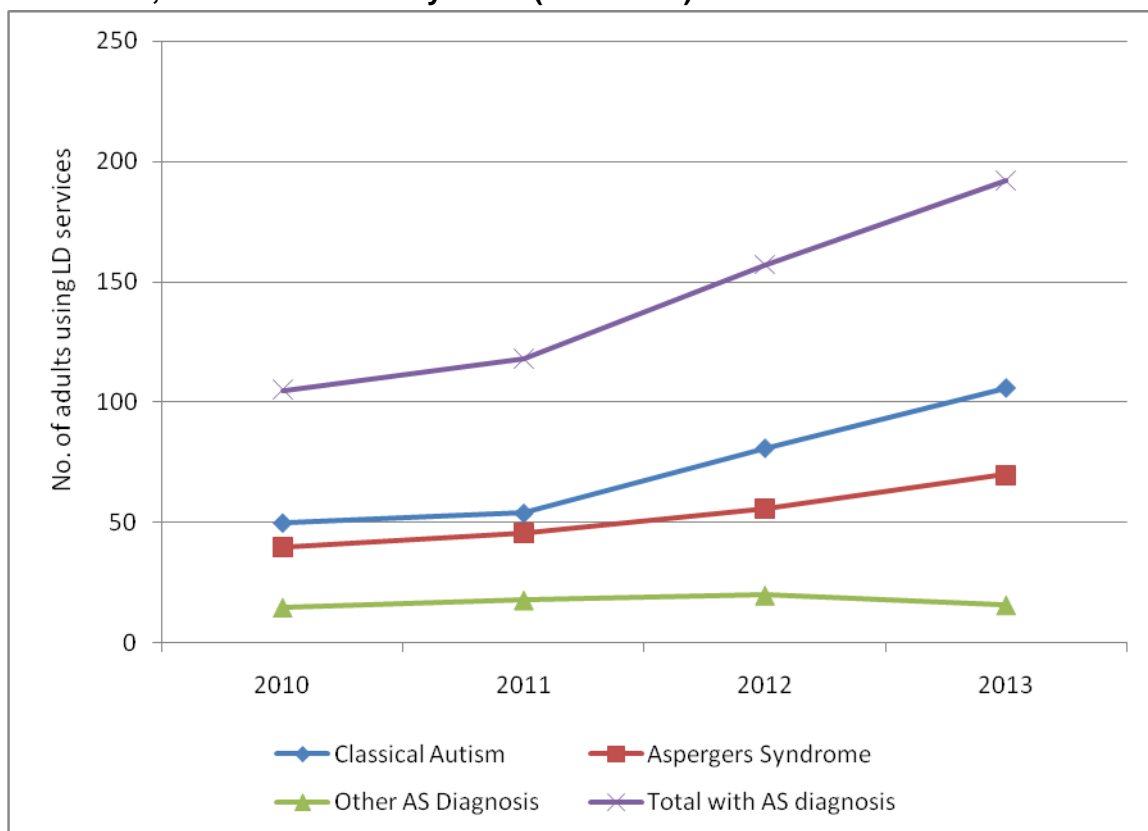
\*\* Additional Support for Learning and Young Carers Report to Parliament (Scottish Government, 2013)

In Ayrshire, 17% of the estimated autism population are in contact with formal service providers through education or adult learning disability services. In South Ayrshire, 22% of the anticipated autism population are known to these providers. This figure is lower for East and North Ayrshire at 14% and 15% respectively. This demonstrates the large number of

local people on the autism spectrum who do not access traditional support services but will be using mainstream universal services.

Information is available from the eSAY return on type of autism diagnosis among people accessing learning disability services. The data shows an overall increase in the proportion of people with an autism diagnosis using learning disability services in Ayrshire (rising from 7% in 2010 to 12% in 2013). This may reflect better diagnosis and/or more effective data recording by service providers.

**Chart 1 – Number of users of adult learning disability services with a diagnosis of autism - East, North and South Ayrshire (2010-2013)**



Source: eSAY return, 2010-2013

Chart 1 shows the steady increase in service users with an autism diagnosis across the three Ayrshire local authority areas. The overall figure rose from 105 in 2010 (7% of all learning disability service users) to 192 (12%) in 2013. The figure for classical autism rose most sharply over the period, more than doubling from 50 in 2010 to 106 in 2013. Diagnoses of Asperger’s Syndrome also rose steadily from 40 to 70 over the 4 year period. Other types of autism diagnosis have remained more steady. A detailed breakdown of the figures for each of the three local authority areas is given in Appendix One.

**Services currently supporting people with autism in Ayrshire**

A wide range of organisations are currently providing support to people with autism and their carers across our communities. This ranges from low-level support and advice to more



intensive tailored interventions for people with autism. Support comes from a range of statutory agencies, voluntary and independent sector organisations and community groups.

A summary of the wide range of agencies supporting local people with autism is provided as Appendix Two.

## The Challenges

There are a number of key challenges that need to be recognised and addressed in taking forward our strategy for autism.

### **Supporting a 'spectrum' of need**

Autism is a spectrum condition meaning that while people with autism share certain characteristics their condition will affect them in different ways. The level of support required by each individual will vary across the spectrum. Some people with autism are able to live independently while others may have higher levels of need (for example, with an accompanying learning disability) and require specialist support throughout their life.

Clear procedures for diagnosis and (where appropriate) robust assessment and planning of care are key to establishing an individual's level of need and the appropriate types of intervention. It is essential that accurate assessment of need continues throughout the lifespan and as an individual's circumstances change.

A key challenge is ensuring that appropriate and integrated service provision is accessible across the lifespan. Where individuals have a high (or complex) level of need they may require specialist provision alongside more generic, mainstream support services. It is essential that the services that are commissioned meet the local profile of needs and are integrated and complementary.

Individuals with higher levels of independence will principally be in contact with mainstream services. A key challenge is building the level of awareness of autism among staff delivering mainstream services and ensuring they have the capacity to provide the necessary support.

Another challenge in developing accessible integrated service provision is ensuring that people with autism are aware of the services that are available to them. Good quality information and advice is essential as is coordinated support to link people into appropriate local services.

### **Supporting person-centred outcomes for people with autism**

The Scottish Strategy for Autism states that supporting people with autism is a national priority and calls for action to be taken at local and national levels. The national strategy calls for more consistent service standards and better matching of resources to need. It says that there should be a holistic, joined-up approach and that people with autism and their carers need to be supported by a wide range of services including social care, education, housing, employment and other community-based services<sup>4</sup>.

This greater focus on supporting people with autism is taking place at a time when support providers are transitioning to a new approach which emphasises personal choice and

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<sup>4</sup> Scottish Government (2011) *The Scottish Strategy for Autism*, Edinburgh  
<http://www.autismstrategyscotland.org.uk/>

control. This move towards 'personalisation' aims to ensure that services are more flexible and empower individuals to meet the personal outcomes that they set for themselves.

In particular, the introduction of self-directed support (SDS)<sup>5</sup> is changing the way the care and support is delivered in Ayrshire. The vision for SDS is to promote a strength-based perspective which enables individuals to remain living independently within the community. The practice is underpinned by a sound value base which promotes respect, fairness, independence, freedom and safety.

A challenge for our local autism strategy is ensuring we develop our response to the specific needs of people with autism, and at the same time continue to develop flexible services that are tailored to the personal needs and outcomes of individuals. Strong diagnosis and assessment of support needs, a wide range of formal and informal support provision, and greater knowledge and skills in relation to autism (across communities and service settings) will all be important.

### **Strategic leadership around autism**

A key challenge in Ayrshire, and across Scotland, is ensuring we have the necessary strategic leadership in place to take forward the autism agenda. Given the wide range of service providers supporting people with autism (health, social care, education, children's services etc) and the absence of dedicated autism teams at the local authority level, it has been challenging historically to identify officers with a clear lead responsibility for autism. As such, it is important that we put in place structures that will provide strategic leadership around autism.

We have begun this process during the development of this strategy by setting-up the multi-agency Ayrshire Autism Partnership. This partnership recognises that a wide range of partners are responsible for supporting people with autism in Ayrshire and that they need to work together to deliver a more joined-up, strategic approach. The Partnership, will lead the development of joint strategic planning and stronger local policy to support people with autism and their carers.

It is essential that this leadership structure is sustainable, well supported and recognised as valid by all stakeholder groups including people with autism and their carers. To ensure this, the work of the Partnership must be open and transparent, it must have representation from key stakeholders and it must draw in the views and experiences of people with autism and their carers from across Ayrshire.

### **Coordinating and sharing best practice across a wide range of agencies**

The Scottish Strategy for Autism recognises that while there are examples of good practice where people with autism feel well supported, this varies from place to place across Scotland. A key aim of the national strategy is to help people with autism to feel supported no matter where they live. This is a challenge we aim to meet in Ayrshire.

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<sup>5</sup> More information on SDS is available at <http://www.selfdirectedsupportscotland.org.uk/>

Where good practice models exist locally it is important that they are recognised and promoted through the Ayrshire Autism Partnership. Best practice also needs to be effectively disseminated through training and awareness raising activities.

Most importantly, partners in Ayrshire need to learn from the good practice being taken forward elsewhere in Scotland. This can be achieved through engagement with national organisations such as Autism Network Scotland and NHS Education Scotland (NES) and through the work of support organisations including the National Autistic Society (NAS) and Scottish Autism.

In particular, the national strategy calls for the consistent adoption of good practice in the key service areas of education, health and social care across local authority areas. It is imperative that these services in Ayrshire are up to speed with existing models of best practice and adopt a learning culture in relation to supporting people with autism.

### **Ensuring people are supported across the lifespan and as they transition between services**

This strategy is a whole life strategy covering pre-school, school age and adulthood. We cannot overstate the vital role that education plays in giving a young person facing the challenges of autism the best possible start in life. It is essential that the needs of children and young people with autism are supported in pre-school, primary, secondary and further education settings. A key challenge is making sure that young people with autism are engaged and encouraged throughout their education, do not feel alienated by their condition and enjoy the same opportunities as others as they grow up.

Transitioning between service areas, and particularly into the post-school life of adult services, can be a challenging and daunting time for people with autism, their families and carers. Education authorities have a legal duty to support prospective school leavers with additional support needs (ASN) to make the transition to post-school life successfully and the effectiveness of this process should be monitored and reviewed. It is essential that there is strong planning for transitions and that clear information is provided so that all affected know what is happening, when it is happening and who is involved.

While there are good examples of high quality planning and support for transitions in Ayrshire (involving statutory and third sector organisations) it is important that this level of support is consistent across locations and service settings. For example, practitioners have commented that while the transition process works well for young people engaged with specialist services (e.g. ASN schools) the process may be more challenging for people with higher ability levels attending mainstream schools.

### **Involving people with autism, their families and carers in decision-making**

This strategy has been developed through an ongoing process of engagement with local people with autism, their carers and stakeholders from support providers. It takes account of the findings of the National Autism Mapping Services Project which involved desktop research and consultation with local people with autism, carers and service providers in Ayrshire.

A further consultation exercise was carried out in October / November 2013 to support the initial development of the strategy. This involved stakeholders from a wide range of relevant agencies as well as service user and carer groups. An electronic survey was widely disseminated with responses submitted by parents / carers, people with autism and practitioners. The survey asked for views on the emerging strategy, as well as comments on the wider approach to supporting people with autism in Ayrshire, and views on best approaches for engaging with people with autism locally. A total of 41 submissions were made during the consultation either to the survey or by other methods (e.g. email, telephone).

The strategy also draws on the findings from two consultation events facilitated by the Autism Network Scotland and held in Ayrshire in July 2014 and January 2015. These events brought together stakeholders, service users and carers to discuss the current level of support available (and 'gaps') for people with autism in Ayrshire.

It is essential that people with autism and their carers continue to participate in a meaningful way in local planning and decision-making in relation to autism services. A key challenge is ensuring that as wide a range of people as possible have the opportunity to participate. This means reaching out to people from across the spectrum – and including people who do not use autism-related support services. We want people whose voices are not normally heard to inform stronger policy and practice in relation to autism. To make this happen, it is essential that a wide range of engagement methods are used and that these are accessible and appropriate for people with autism. Decision making structures, namely the Ayrshire Autism Partnership, will need to develop to include people with autism and carers to allow for sustained engagement. Ensuring service users and carers are appropriately supported to participate in decision-making structures is key to the process.

## Our Approach

This section outlines our overall approach to supporting people with autism in Ayrshire. It is a strengths-based model which values individual assets and the capacity that already exists within our local communities. Our approach is focused on the rights of people with autism and ensuring they have the necessary level of choice and control and access to good opportunities. We support strong early intervention as well as enhanced support for children and young people with autism and emphasise preventative measures to support health improvement and reduce crisis. Our approach is underpinned by a belief that supporting autism is a responsibility that is shared across support agencies and across communities.

### Deficit-based to asset-based

'Assets' have been described as the collective resources that individuals and communities have – internally, externally and collectively. They can be social, financial, physical and environmental. Typically, assets mean people, skills and available opportunities. Asset-based approaches are ways of working that promote and strengthen existing local assets:

*“Central to assets approaches is the idea of people in control of their lives through development of their capacities and capabilities. It is thought that such control enables people to become better connected with each other and encourages a spirit of cooperation, mutual support and caring.”<sup>6</sup>*

We are strongly committed to an asset-based approach to supporting people with autism and their carers. It is appropriate since it marks a departure from the 'deficit' approach that has been the traditional approach to delivering health and social care.

Deficit models tend to focus on identifying problems and needs of populations which require resources (e.g. services) to resolve them. This results in high levels of dependence on services which do not support active involvement of the individuals receiving support.

Asset-based approaches are closely linked to the idea of co-production. This is a participative approach to service design and implementation and has been described as *“delivering public services in an equal and reciprocal relationship between professionals, people using services, their families and neighbourhoods”*.<sup>7</sup>

Table 3 shows the key differences between a deficit approach and the asset-based approach that this strategy promotes.

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<sup>6</sup> McLean J and McNeice V, *Assets in Action*, Glasgow Centre for Population Health, August 2012. [http://www.gcph.co.uk/assets/0000/3650/Jan\\_2013\\_update\\_of\\_assets\\_in\\_action\\_report\\_WEB\\_SMAL\\_LER.pdf](http://www.gcph.co.uk/assets/0000/3650/Jan_2013_update_of_assets_in_action_report_WEB_SMAL_LER.pdf)

<sup>7</sup> Boyle and Harris, *The Challenge of Co-Production*, NEF and NESTA, 2009. <http://www.nesta.org.uk/library/documents/Co-production-report.pdf>

<b>Deficit Approach</b>	<b>Asset-based Approach</b>
Starts with deficiencies and needs of an individual or community	Starts with assets/resources in an individual or community
Responds/reacts to problems	Proactively identifies opportunities and strengths
Provides services to users	Invests in people as active participants
Emphasis on the role of services	Emphasises the role of civil society
Focuses on individuals in isolation	Focuses on individuals in communities / neighbourhoods and the common good
Sees people as clients and consumers receiving services	Sees people as participants and co-producers with something to contribute
Treats people as passive and 'done-to'	Helps people take control of their lives
Tries to 'fix' people	Supports people to develop their potential
Implements programmes as the answer	Sees people as the answer

**Table 3: Deficit vs Asset-Based Approach<sup>8</sup>**

### **Support services are personalised and support independence**

Our approach supports increasing personalisation in the planning and delivery of services. We agree with the Scottish Strategy for Autism that:

*“People who use care and support services, including people with autism, should have choice and control over their support. They should have as much autonomy as possible over their own decision-making. They should be empowered to tailor flexible support, based on their own needs and agreed outcomes, and not on assumptions. In short, support should be designed around the citizen and not the service.”<sup>9</sup>*

We will promote greater flexibility in the way support is delivered by health and social care providers, and continue to develop in partnership with the third sector, a wider and more responsive range of activities based in the community. People with learning disabilities and their carers will be supported to choose and direct the support they receive through the uptake of Self-Directed Support<sup>10</sup>. SDS builds on the existing programme of ‘direct payments’ but will give individuals a range of options in terms of level of control, and flexibility in the use of resources.

The ‘Talking Points’ approach is central to the development of person-centred outcomes in the assessment, planning and review of support services. The approach puts people using services and their carers at the heart of their support and marks a shift away from service-led approaches. At the centre of the approach is a conversation with an individual using services or unpaid carers that seeks to understand the extent to which they are achieving the outcomes important to them in life. These conversations form a core part of relationship-building between practitioners, people who use services and their families. The approach

<sup>8</sup> McLean J and McNeice V, *Assets in Action*, Glasgow Centre for Population Health, August 2012. [http://www.gcph.co.uk/assets/0000/3650/Jan\\_2013\\_update\\_of\\_assets\\_in\\_action\\_report\\_WEB\\_SMAL\\_LER.pdf](http://www.gcph.co.uk/assets/0000/3650/Jan_2013_update_of_assets_in_action_report_WEB_SMAL_LER.pdf)

<sup>9</sup> Scottish Government (2011) *The Scottish Strategy for Autism*, Edinburgh <http://www.autismstrategyscotland.org.uk/>

<sup>10</sup> See <http://www.selfdirectedsupportscotland.org.uk/>

brings co-production into everyday interactions with individuals because it involves negotiation and decision-making based on what is important to that person, bringing together the perspectives of all the key players.

As a partnership we are committed to supporting people with autism to live as independent a life as they choose to lead. We want individuals to be empowered to make their own life choices and build the fulfilling life that they want. We see the ability to direct your own life and to participate in your community as essential to a rights-based approach. Our focus is on providing appropriate tailored support to individuals and empowering them to build on their personal skills and attributes.

### **Supporting the shift towards early intervention and prevention**

Our approach is in line with the principles set out in the Scottish Government's Early Years Framework and Getting It Right for Every Child (GIRFEC) which prioritise the redesign of services around the principles of prevention, early identification of problems and early intervention by service providers working in partnership to meet the needs of the individual child.

These principles are reflected in the Integrated Children's Service Plans that have been developed by partners in each Ayrshire local authority area. These plans recognise that while there is strong support in policy for early intervention, much of our current resourcing remains focused on remedial action rather than preventative support. The plans state that the early months and years of a child's life are the best opportunity to improve outcomes for our most vulnerable children.

Delivering early and effective interventions in our community requires a significant change in the way we collectively provide support, involving:

- a shift away from dependence on services to deliver outcomes; to one which is based on the building the capacity of parents, families and communities to secure improved outcomes for themselves.
- a streamlining and development of capacity in the systems and processes between partners.
- a continued development of the workforce capacity and capability to have the skills to deliver the appropriate outcomes.<sup>11</sup>

The principles of early intervention and preventative support apply across the life-span, including adulthood. To shift the balance of care more generally towards prevention, we support an increase in health improvement activity in our communities and enhanced anticipatory care targeted at vulnerable groups. We need to move away from services focused on acute conditions towards systematic and personalised, bespoke support for people; developing continuous, integrated care rather than disconnected, episodic care. This means shifting our view of individuals as passive recipients of care towards full partners in improving their health and managing their conditions. This will include supported self-care

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<sup>11</sup> South Ayrshire Council, *GIRFEC in South Ayrshire – Integrated Children's Service Plan 2013 to 2018*. <https://www.south-ayrshire.gov.uk/documents/integratedchildrensservicesplan.pdf>



and, where appropriate, using innovative tele-health and tele-care solutions that enable people to take greater control of their conditions and their lives.

### **Making Ayrshire more 'autism friendly' - a shared responsibility across agencies and communities**

Supporting local people with autism is a shared responsibility across our communities and among organisations providing support. Among support providers this means good joint working and supporting individuals through clear multi-agency care pathways.

More generally, our approach is focused on making Ayrshire more 'autism friendly'. This means developing awareness and understanding in relation to autism among members of the public, local businesses and providers of all mainstream services. More specifically, we want to develop the skills and knowledge of all staff making contact with people with autism across the statutory, voluntary and private sectors. This requires joint planning and delivery of training on autism across support providers, better use of nationally developed training resources and other sources of practical information, and better sharing of good practice both nationally and locally.

Developing skills and knowledge aims to make services more accessible and welcoming to people with autism. At the same time, there needs to be good information available to people with autism, carers and families on accessible resources. This is already developing through the work of the Ayrshire One Stop Shop and online portals such as ALISS (A Local Information System for Scotland)<sup>12</sup>. More generally, we need to look at how we can coordinate support for autism more effectively, building the capacity of communities to be inclusive, linking people to community resources and ensuring that these resources are coordinated and meet needs.

A specific issue identified in our consultations was access to independent advocacy. Stakeholders raised concerns about eligibility for this type of support particularly where the individual with autism does not have a diagnosed learning disability. An 'autism friendly' community is one where all people with autism have their rights protected and are involved in the decisions that affect them. As such, we want to ensure access a range of appropriate supports including advocacy.

An 'autism friendly' community will support unpaid carers and family members to fulfil their caring role. A range of local organisations provide advice and support to carers of people with autism. We want to see this support continue to grow and we want to ensure we have a wide range of appropriate respite options open to families across Ayrshire. Innovative and flexible respite and short breaks are being developed particularly by voluntary sector providers and we want to ensure people with autism access these.

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<sup>12</sup> See <http://www.aliss.org/>

## Resources

The Ayrshire Health and Social Care Partnerships (HSCPs) are committed to adopting “Strategic Commissioning” practices. Strategic Commissioning describes a way of working that ensures the services available to the public are the best possible. It is the term used for all the activities involved in:

- assessing and forecasting needs;
- linking investment to desired outcomes;
- considering options, planning the nature, range and quality of future services;
- working in partnership to put these in place.

### **The Commissioning Cycle**

The Commissioning Cycle drives purchasing and contracting activities and these in turn inform the ongoing development of Strategic Commissioning.

This applies to all services and supports provided and delivered through statutory services, procured services (from the Third and Independent Sectors) and unpaid carers. The activities outlined in this Vision relate to the ‘Analyse’ and ‘Plan’ parts of the Commissioning Cycle. The Ayrshire HSCP’s are committed to working towards the ‘Do’ and ‘Review’ parts of the Commissioning Cycle.

A significant change in the future shape of commissioning will be the impact of the Social Care (Self Directed Support) (Scotland) Act 2013. As a result of the Act, it is no longer acceptable for people simply to be matched to services; the power will rest with individuals to choose what services or alternative supports they want to utilise to meet agreed outcomes.

### **Joint Commissioning**

Joint Commissioning is when two or more agencies, such as the opportunities available within the Health and Social Care Partnerships work through the Strategic Commissioning process using an agreed pool of resources.

Joint Commissioning allows a “Whole Systems Approach” to be adopted so that the full implications of a change in one part of the system can be anticipated and considered. This is important, as without careful consideration, changes in one part of the system may simply displace or defer problems to another part of the system.

### **Commissioning for Outcomes**

‘Commissioning for outcomes’ is a commissioning approach which involves specifying what is required from a service. The buyer, which could be a local authority or the NHS on behalf of the Ayrshire HSCP’s, stipulates the outcomes to be achieved rather than the level of input that is required. For instance, rather than asking an organisation to provide a certain number of home care hours, potential providers are asked to explain or demonstrate how their service could improve the quality of life for people who would use the service.

Moving forward, and in keeping with the nationally-led directive to provide greater focus on quality, the Ayrshire HSCPs will evaluate and commission services with a specific emphasis on the outcomes those services achieve. This will include the views of patients and how service users rate their experiences of services, what they have received and the quality of outcomes delivered.

## Priorities and Recommendations

This section outlines the key priorities for the Ayrshire Autism Strategy over the next ten years. The priorities are set out against 8 themes. These build upon existing approaches; consultation with service users and service providers and reflect the recommendations set out within the Scottish Strategy for Autism. The local action plans that will lead implementation in each local authority area will reflect these priorities.

### Integrated and localised support

In line with the goals set out in the Scottish Strategy for Autism we want to ensure that people in Ayrshire with autism have *“access to integrated service provision across the lifespan to address the multi-dimensional aspects of autism”*.

The integration of adult health and social care is a central component of public service reform. Delivery of the Ayrshire Autism Strategy will take place in the context of health and social care integration, with Health and Social Care Partnerships (HSCPs) now in place. Integration has the potential to tackle the disconnections that historically existed between health and social care, and aims to accelerate improvement in both the quality of services and the outcomes achieved.

The legislation which sets out the duties in relation health and social care integration<sup>13</sup> also requires more localised approaches with the formal establishment of ‘locality planning’.

Distinct locality areas have been identified within each HSCPs. As part of the arrangements for integration, strategic planning must take account of the different needs of different people in each locality area. Each locality will be represented in the decision-making structure. The locality must be able to influence the content of strategic plans and local needs must be fed into the strategic commissioning process.

#### Key Priorities

- Develop participation in the pan-Ayrshire Autism Partnership to lead joint strategic planning for autism.
- Ensure the work of the pan-Ayrshire Autism Partnership feeds into strategic planning at the HSCP level, and other relevant local policies and plans.
- Share learning across wider cross-sector programmes, raising awareness around autism and the needs of people with autism and their carers.
- Develop and deliver 3 local implementation plans to ensure the needs of local people with autism are met.
- Take forward the development of integrated (multi-agency) service plans and procedures which reflect the needs of people with autism.

<sup>13</sup> Public Bodies (Joint Working) (Scotland) Act 2014, <http://www.legislation.gov.uk/asp/2014/9/contents/enacted>

## Developing skills, knowledge and understanding

It is essential that we develop understanding of autism across Ayrshire and build the skills and capabilities of all those who support people with autism and their carers. This is the case across statutory, voluntary and independent sectors and applies regardless of the level of support involved.

We will work to meet the national goal that there is sufficient “*capacity and awareness building in mainstream services to ensure people are met with recognition and understanding of autism*”. Awareness training for frontline staff is crucial if we are to establish more autism-friendly communities. This includes those directly involved in health and social care but also those delivering any mainstream public service (including housing organisations, transport providers, leisure facilities, banks and shops).

We want training and learning opportunities to be far-reaching and appropriate to the level of involvement people have in offering support. A range of valuable tools have been developed at the national level to support autism training, including the Autism Training Framework: Optimising Outcomes<sup>14</sup>. This resource helps organisations to identify the different levels of knowledge and skill their staff require to meet the needs of people with autism. National learning events and online training are also opportunities that we should be exploiting locally.

The development of skills and knowledge should be holistic and taken forward in a coordinated way. We want to ensure that shared training plans are in place to support autism training.

Joint training is also a key opportunity to share good practice across departments, agencies and localities.

### Key Priorities

- Develop and deliver a shared ASD Training Plan in conjunction with Community Planning Partners.
- Provide awareness training for all staff dealing with the public across statutory services - including the 3 councils, NHS, criminal justice services and others (and including commissioned services).
- Establish service areas where ASD training should be mandatory (e.g. primary healthcare providers; teachers/classroom assistants; pre-school providers; social work...)
- Support training / awareness raising for local businesses and organisations
- Support regular public awareness events across Ayrshire
- Explore the use of online training opportunities, for example ASK Autism<sup>15</sup>
- Explore the role of people with autism and carers in the delivery of training.

<sup>14</sup> NHS Education for Scotland, *Autism Training Framework: Optimising Outcomes*, 2014. [http://elearning.scot.nhs.uk:8080/intralibrary/open\\_virtual\\_file\\_path/i1923n4027869t/NESD0350ASDT rainingFramework-WEB.pdf](http://elearning.scot.nhs.uk:8080/intralibrary/open_virtual_file_path/i1923n4027869t/NESD0350ASDT rainingFramework-WEB.pdf)

<sup>15</sup> See <http://www.autism.org.uk/Our-services/Training-and-consultancy/Ask-autism/Online-modules.aspx>

## Outcomes focused support

A focus on person-centred outcomes, making sure that local services are designed to deliver what people want, is a central focus of national and local policy, including the route map to the 2020 Vision for Health and Social Care.

Shifting systems and services to a focus on personal outcomes is complex and requires changes in the design of services, in the skills of people working in them and in the culture of organisations that deliver them.

As discussed, the 'Talking Points' model is a personal-outcomes approach that puts people using services and their carers at the heart of their support. 'Talking Points' is currently being used to support adults in Ayrshire. While it is potentially applicable to children; another possible outcomes measure which has been applied successfully within self-directed support and Getting it Right for Every Child (GIRFEC) is called 'SHANARRI'. With this model, professionals and practitioners use eight indicators to assess a child or young person's overall wellbeing and to identify any concerns. The indicators offer a consistent approach and language that can be used across organisational and geographical boundaries. This model should also be explored.

A core focus of the strategy will be on extending and embedding co-production. The shift to an asset-based model of care enables this approach. Statutory partners cannot deliver the change required alone, and co-produced services are more effective and acceptable, while policy emphasises the importance of working together with people who use services. This approach has particular importance in the context of a shift to prevention and to community-based services and support.

Co-production is key to driving the design, delivery and continual improvement of person-centred support and services.

### Key Priorities

- Empower service users and carers by providing comprehensive, accessible and relevant information and advice.
- Develop information provision on what resources are available to services users to enable them to be fully involved in the development of outcomes and support planning.
- Develop a set of minimum standards for the outcomes approach to be implemented. These standards should be developed for children, young people, adults and older people.
- Embed co-production as mainstream practice in the design, commissioning, delivery and review of services using a personal-outcomes approach.
- Realise the potential of self-directed support, re-ablement and self-management to enable people to manage their autism.

## Information and advice

If our communities are to become autism-friendly we must ensure that services and wider opportunities are accessible and welcoming to people with autism. At the same time, people with autism, their families and carers must know about the resources that are available to them through strong provision of information and advice.

In addition, people with autism and their families should be able to develop their understanding of the condition through useful and practical information about autism.

The Ayrshire Autism One-Stop Shop is an effective single-point of contact for information and advice. Local autism support groups are also valuable models for sharing of practical information. In Ayrshire, we must continue to support these initiatives and seek to ensure that information and advice relating to autism is as widely available as possible, taking advantage of technology where appropriate.

### Key Priorities

- Support the ongoing development of information and advice services in Ayrshire.
- Ensure information and advice on autism is widely accessible across Ayrshire (through the development of websites, community portals, online service directories e.g. ALISS).
- Develop peer support including where people with autism and carers are able to support each other through social activities, social media, email and telephone.

## Supporting transitions

We fully recognise the challenges that transitions bring to people with autism and the people who support them. Whether experiencing transitions between various stages of schooling, between children's and adult services or between different adult services, it is essential that the appropriate planning and support is in place. As a partnership we will focus on delivering the national goal that people with autism have "*Access to appropriate transition planning across the lifespan*".

We will ensure that multi-agency transition plans and protocols are in place all key life stages. It is important that effective transition planning takes place across service settings regardless of whether this involves specialised services or mainstream provision. Transition pathways will be person-centred and respond to the individual needs of the person with autism. Transition planning should take place with the necessary lead-in time. It should be coordinated by one person and where there is multi-agency involvement then a lead professional should be involved. It is also essential that clear information and advice is available to people with autism and their carers about transitions generally and what to expect during the transition process.

We want to see continual improvement in our approach to supporting transition. This means learning from experience and sharing best practice. The effectiveness of transition processes should be monitored and reviewed. We will work to meet the recommendations

of national good practice guidance, notably the principles set out in *Principles of Good Transitions 2*, produced by the Scottish Transitions Forum.

Supporting transition into paid employment has been identified as a key area for improvement. We want to maximise opportunities for people on the autism spectrum who are seeking to move into paid employment. This means supporting people in the process of searching for employment, increasing the employment opportunities that are available, and ensuring that appropriate support and is in place when in employment.

### **Key Priorities**

- Ensure clear multi-agency transition plans, procedures and protocols are in place to support individuals at each important life stage.
- Ensure all plans and assessments are person-centred and respond to the needs of the individual with autism.
- Ensure that clear information and advice on transitions is available to people with autism, families and carers.
- Develop structures for the ongoing monitoring and review of multi-agency transition planning.
- Review approaches to employment support to ensure we are meeting the needs of local people with autism.
- Develop stronger links with employers to increase employment opportunities for people with autism

### **Clear and effective care pathways**

We want to ensure that people have equal access to a holistic pathway for assessment, diagnosis and the support that follows. This should be a straightforward and timely process that is person-centred and recognises the multiple needs of the person with autism.

Multi-agency care pathways ensure that local partnerships and services have clearly identified and agreed ways of placing the person at the centre, and assist the individual to move through and across services. Pathways should be agreed by all relevant stakeholders and should be easily understood by clinicians, assessors, service providers, individuals with autism and their carers.

Care pathways are operating across a range of service settings. It is important that these are reviewed to ensure they are consistent and are meeting the needs of local people with autism. And we need to ensure that these fit within a holistic pathway for assessment, diagnosis and support.

A key area for improvement in Ayrshire is the development of post-diagnostic support for people with a new diagnosis of autism and their families. This might involve training and counselling to help people understand autism and the implications of their diagnosis. We need to ensure that this important type of support is meeting local needs across the age range.



### **Key Priorities**

- Develop and pilot a holistic multi-agency pathway for assessment, diagnosis and support for autism.
- Ensure pathways are person-centred and recognise the multiple needs of the individuals with autism (pathways should cover children and adult services, and wider agencies including education, housing, employment, criminal justice etc..)
- Undertake awareness raising/training to ensure stakeholders across relevant service areas are aware of pathways, how they will be implemented and what their role will be within the pathway.
- Build capacity across services to provide post-diagnostic support for autism.

### **Improving practice and performance**

This strategy aims to improve practice and performance to better support people with autism, their families and carers. This means developing more consistent service standards and a better matching of resources to need.

As discussed earlier, local information on autism (and the performance of organisations providing support) has been limited to date. We need to improve data collection in relation to autism if we are to develop our understanding of local needs and improve service planning, design and delivery. The local information that we gather needs to be collected in a consistent way and shared effectively across agencies.

We will also work to meet the national goal calling for “*Consistent adoption of good practice in the key areas of education, health and social care across all local authority areas.*” This means partners tapping into the networks that exist nationally and learning from good practice being taken forward elsewhere in Scotland. Where good practice is taking place in Ayrshire, it is important that this is recognised and communicated through the Ayrshire Autism Partnership and other local networks. Good practice examples should also be shared through training and awareness raising activities.

### **Key Priorities**

- Review and develop monitoring of autism service users across relevant services.
- Improve information sharing arrangements with support providers (covering, for example, service user profile, referrals/signposting data).
- Develop a shared approach to monitoring of diagnosed autism (by type) with GP practices across Ayrshire – and establish data sharing agreement.
- Explore scope for periodic consultation people with autism and carers on their support needs and experiences of support provision.
- Encourage greater stakeholder engagement with national organisations and networks including the Autism Network Scotland (ANS) and NHS Education Scotland (NES).
- Greater sharing of local good practice in relation to autism through the Ayrshire Autism Partnership, local networks, training and awareness raising events.

## Included and involved

People with autism, their families and carers rightly want to be more closely involved in the decisions that affect their lives and in influencing the design of the services and support that they use. As discussed previously, this means more co-production through person-centred assessment and support planning as well as greater involvement of people with autism and carers in the design, commissioning, delivery and review of services.

As well as involvement of individuals in support planning through self-directed support (SDS), we want to see greater involvement in decision-making at the strategic planning level. This means developing decision-making structures that involve people with autism and carers in a meaningful and sustainable way. For this to be successful decision-making processes need to be transparent and inclusive with any required support put in place.

We also want to ensure that meaningful consultation takes place as widely as possible, ensuring that all local people with autism and their carers have the opportunity to express their views and share experiences. This requires local consultation activity to take place in a structured way, with ongoing review of consultation methods. Consultation methods need to be appropriately designed to ensure that the process is accessible to people with autism and provides feedback from individuals with varying experiences across the autism spectrum.

Independent advocacy services can help individuals to become involved in the decisions that affect them, and we want to ensure that more local people with autism can access this support (including children as well as adults).

### Key Priorities

- Explore methods/techniques for more effective involvement of people with autism and carers in the services they receive.
- Establish an Autism Reference Group made up of people with autism and carers to provide advice and guidance to the Ayrshire Autism Partnership on local issues and support the implementation of this Strategy.
- Develop an engagement plan/framework for wider consultation with people with autism and carers.
- Support the development of advocacy services to ensure they meet the needs of local people with autism.

## **Delivering the Strategy**

### **The Ayrshire Autism Partnership**

The delivery of the Ayrshire Autism Strategy will be led at the pan-Ayrshire level by the multi-agency Ayrshire Autism Partnership. Core membership of the Partnership consists of officers from the three Health and Social Care Partnerships and we will work to build representation from local agencies and community organisations. People with autism and carers will be represented via the Autism Reference Group. Sub-groups will be established as required to address specific key themes.

The Partnership will oversee activity in relation to the strategy and monitor progress against the key priority areas.

### **Local action planning**

The key accountability structures in relation to autism will be the three Health and Social Care Partnerships.

To take forward delivery of the strategy under these structures, each Partnership will develop its own Local Autism Action Plan. Plans will be developed in consultation with local stakeholders including people with autism and carers and will set out specific and measurable local activities.

### **Monitoring and evaluation**

A monitoring framework will be established to ensure the delivery of the strategy and local action plans.

Evaluation and measurement of how well we are supporting local people with autism will be a shared responsibility. Organisations providing services to people with autism and their carers must have systems in place to ensure that they are using best practice and continuing to meet the needs of service users. The introduction of minimum diagnostic and care standards and pathways provides a framework for ongoing performance measurement.

As we move forward, minimum standards and best practice guidelines as well as the indicators set out in the Scottish Strategy for Autism should be used to evaluate local services and interventions. The views of people with autism and carers should be fed into the evaluation process through a robust framework for engagement.

## Appendix One

### Adults with ASD known to Ayrshire LD services 2010-13

Year	Local Authority	Classical Autism	Asperger's Syndrome	Other AS Diagnosis	Total with AS diagnosis
<b>2010</b>	East	20	15	5	40
	North	20	5	0	25
	South	10	20	10	40
	<b>Total</b>	<b>50</b>	<b>40</b>	<b>15</b>	<b>105</b>
<b>2011</b>	East	18	16	5	39
	North	23	10	0	33
	South	13	20	13	46
	<b>Total</b>	<b>54</b>	<b>46</b>	<b>18</b>	<b>118</b>
<b>2012</b>	East	27	17	9	53
	North	33	9	0	42
	South	21	30	11	62
	<b>Total</b>	<b>81</b>	<b>56</b>	<b>20</b>	<b>157</b>
<b>2013</b>	East	49	10	5	64
	North	36	30	0	66
	South	21	30	11	62
	<b>Total</b>	<b>106</b>	<b>70</b>	<b>16</b>	<b>192</b>

Source: eSAY publication

No ASD diagnosis	All LD service users	% of all LD service users with ASD
370	521	8%
535	560	4%
465	503	8%
<b>1370</b>	<b>1584</b>	<b>7%</b>
399	517	8%
528	593	6%
433	479	10%
<b>1360</b>	<b>1589</b>	<b>7%</b>
406	536	10%
517	606	7%
459	521	12%
<b>1382</b>	<b>1663</b>	<b>9%</b>
487	582	11%
449	551	12%
459	521	12%
<b>1395</b>	<b>1654</b>	<b>12%</b>

## **Appendix Two**

### **Services currently supporting people with autism in Ayrshire**

A wide range of organisations are currently providing support to people with autism and their carers across our communities. This ranges from low-level support and advice to more intensive tailored interventions for people with autism. Support comes from a range of statutory agencies, voluntary and independent sector organisations and community groups.

The list below is not exhaustive but gives an indication of the wide range of agencies supporting local people with autism.

- **Support for all people with autism and their carers**

#### ***Ayrshire Autism One Stop Shop***

The Kilmarnock One Stop Shop offers a wide range of “all under one roof” autism support and information services from a single, local location, including:

- relevant local information for people with autism, their families and professionals within Ayrshire;
- guidance for people with individual budgets, to help you decide and manage your own support;
- links to NAS Prospects, a service supporting people on the autism spectrum into education and sustained employment;
- an opportunity to meet like-minded people;
- links to advocacy support.

#### ***South Ayrshire Autistic Society***

SAAS aims to support parents, carers and families of children and adults with autistic spectrum disorders, and address areas of concern by liaising and working in partnership with authorities to achieve quality services for children and adults with autistic spectrum disorders.

#### ***National Autistic Society – East Ayrshire branch***

NAS East Ayrshire Branch offers support to families who have a child or family member with autism or Asperger’s Syndrome. This group meets monthly in Kilmarnock.

#### ***National Autistic Society – North Ayrshire branch***

NAS North Ayrshire Branch offers support to families who have a child or member with an autism spectrum disorder.

#### ***East, North and South Ayrshire Carers Centres***

Ayrshire’s three Carers Centres provide a wide range of local support services to meet the needs of adult and young carers in its community. Support provided includes advice, information, training, advocacy, social activities, drop in centres, benefit and money advice and respite breaks for carers of all ages.

### ***Independent Advocacy Services - AIMS Advocacy (North), Citizen Advocacy Support Services (CASS) (South)***

Ayrshire's various independent advocacy services support people who may face particular difficulties when trying to make their own needs or wants known. Some people need the support of an independent advocate to: help them express their own needs, views or wishes; speak up for them; access information; explore options; help them make decisions.

- **Support for children and young people**

#### **Assessment and Diagnosis**

##### ***Rainbow House***

Rainbow House is an assessment, diagnosis and treatment centre for children and young people in Ayrshire and Arran where there are concerns regarding development. The multi-disciplinary team provide a range of services and include consultant paediatricians, clinical psychologists, nursing staff, occupational therapists and physiotherapists. It is located at Ayrshire Central Hospital, and is the base for the Community Paediatric Service.

#### **Health professionals**

##### ***Community paediatricians***

These doctors specialise in the assessment and management of children and young people (0-18 years) with a wide range of neuro-developmental conditions including autism.

##### ***Health visitors***

Health visitors assess each child and family by the time the child is 16 weeks old in order to determine the level of support the family requires from health visitors and partner agencies. If concerns are raised, the health visitor discusses the best way forward with the family and their GP and may agree to work directly with the family and child (either one-to-one or in groups) to work jointly with other agencies (e.g speech and language therapy, nurseries) or to make referrals to other agencies such as specialist children's services. They provide ongoing information, practical care and support to help families cope with difficulties. Health visitors now undertake a 27-30 month child health assessment which should contribute to early intervention for young children with autism.

##### ***School nurses and Community Children's Nurses***

Provide support with health issues for children and young people with autism and their families and are an important link between children and young people with autism, their families, education and community health.

##### ***Speech and Language Therapy***

The Speech and Language Therapy team provide a range of services to support children and young people with autism in Ayrshire. The team provide speech, language and communication assessments and reports to support autism diagnostic assessments. They provide interventions for pre-5 and school age children and provide training for other professionals and parents/carers.

### ***Occupational Therapy***

Occupational therapists can play a vital role in the diagnostic pathway, helping parents and teachers to understand and manage the challenges faced by children with autism. A holistic assessment of the child or young person and their family in their everyday environment is used to inform the appropriate intervention. An occupational therapist will assess the child's skills, the nature of the task and the environment where the task will be carried out. This includes activities such as toileting, eating, going to the shops, using public transport and participating in school activities.

### ***Dietetics***

Dietitians work with children and young people with autism and their carers by providing individualised advice and support on all aspects of nutrition and diet, including issues around selective eating, anxiety around mealtimes and addressing sensory integration needs.

### ***Child and Adolescent Mental Health Service (CAMHS)***

CAMHS is a multi-disciplinary community based service consisting of psychiatry, psychology, nursing, OT, Speech and Language therapy and child psychotherapy. CAMHS works in close partnership with education, social work and other community health services. The service provides specialist assessment and treatment of moderate to severe mental health issues including psychological and emotional problems and other neuro-developmental conditions including autism which arise during childhood and adolescence (0-18 years old). Research shows that there is a high prevalence of co-morbid psychiatric conditions in the autism population. Children and young people who have previously been diagnosed with autism access CAMHS for assessment and treatment of co-existing mental health difficulties. In addition, CAMHS clinicians will provide assessment and diagnosis of autism in children and young people who present to the service with complex mental health difficulties. The service provides post-diagnostic support in terms of clinical intervention if required information on condition, multi-agency consultation were there are complex presentations CAMHS works within a multidisciplinary and multiagency environment linking access to colleagues in social work, community health provision and education. CAMHS also works closely with national out-patient and in-patient services for children and young people where there is a need for in-patient assessment, this will include children and young people with autism spectrum conditions.

## **Education - East Ayrshire**

### ***Crosshouse Communication Centre***

The Communication Centre is based within Crosshouse Primary, consists of five classes situated across the school, and aims to provide small group teaching and learning experiences, targeted approaches to meet social communication and language needs for children from P1-P7. This Centre provides a mainstream curriculum, differentiated as appropriate, with flexible opportunities for inclusion and integration planned and reviewed on an individual basis. Speech and Language Therapy staff are involved in supporting the pupils' plans within a team approach with education staff.

### ***Loudoun Communication Centre***

The Communication Centre is based within Loudoun Academy, and aims to provide support to young people with autism, and related communication difficulties, to access a mainstream

secondary education in as successful a way as possible, utilising a combination of small group teaching and learning experiences, targeted approaches to meet social communication needs, and support into mainstream classes and activities as appropriate. This Centre provides a flexible approach to inclusion and integration, planned and reviewed on an individual basis.

### ***Communication Outreach Service***

East Ayrshire operate an outreach service to establishments working with children and young people with communication difficulties, including Autism. The role of the service can include staff development and training, consultation to teaching and non-teaching staff regarding individual support planning, and also direct work with young people if assessed to be required.

Additional provision for children and young people with Autism and related communication needs is also provided across mainstream establishments, potentially utilising support via the Outreach Service when and where required.

Within East Ayrshire there are three special schools and four Supported Learning Centres that meet the educational needs of children and young people with Autism and with a variety of other additional support needs.

East Ayrshire's Supported Learning Centres provide education for children and young people with significant additional support needs within a mainstream school environment, allowing for flexible inclusion opportunities dependent upon the individual strengths and needs of each pupil.

- Patna Supported Learning Centre
- Barshare Supported Learning Centre
- Cumnock Supported Learning Centre
- Doon Supported Learning Centre

East Ayrshire's three special schools provide education for children with significant additional support needs, including those with severe and/or complex needs.

- Hillside School
- Willowbank School
- Park School

### **Education - North Ayrshire**

Where pupil needs continue to be unmet in spite of planned and structured supports, a specialist learning environment may be considered.

In North Ayrshire these include four special schools, namely James Reid School and Stanecastle School, for pupils with moderate additional support needs, from 5-19yrs.

James McFarlane School and Haysholm School for pupils with complex additional support needs from 5-19years.



In addition, North Ayrshire has the following educational support resource bases:  
Dreghorn Primary School ESR where pupils with communication or autism spectrum disorders are supported.

Elderbank Primary School Supported Learning Facility supporting pupils with moderate additional support needs and/or hearing impairment.

St Mark's Primary and Hayock's Primary Nurture Bases which support pupils with social and emotional additional support needs.

Extended Outreach – this team of teachers and classroom assistants support secondary aged pupils who experience significant difficulty sustaining a full time mainstream secondary placement.

## **Education – South Ayrshire**

### ***Supported Learning Centre, Queen Margaret Academy***

The specialist provision of the SLC Facility offers pupils curricula appropriate to their individual learning needs. Pupils have the advantage of being taught in small classes while having access to all subject Departments and specialist subject teachers. Some pupils join mainstream classes for one or more subjects, and may take these subjects at Nation Level. A strong emphasis is placed on the development of the skills leading to greater independence in adult life.

### ***Extended Learning Facility, Girvan Academy***

The extended learning facility is an integral part of the Academy. For pupils, inclusion within mainstream is facilitated, as and when it is possible and appropriate, on an individual basis. Pupil tracking indicates that the level of inclusion for most pupils with significant additional support needs increases as they progress through school. There is full consultation between parents, pupil support staff, teaching staff and partner agencies to ensure that the needs of the individual pupil are met as fully as possible.

### ***Invergarven School, Girvan***

Invergarven School is a non-denominational specialist school serving Girvan and the surrounding area. Invergarven provides education for pupils aged 5 to 19. All pupils have additional support needs and in some cases, complex medical and health needs. The roll in 2014-15 was 15. All staff at Invergarven endeavour to offer an appropriate curriculum for pupils from primary to secondary school age. The school offers a developmental curriculum with specific teaching approaches differentiated or elaborated, according to the needs of the pupils. Pupils are grouped according to their level of need.

### ***Southcraig Campus***

Southcraig Campus hosts specialist support for young people who have a very wide range of needs. The curriculum is tailored to reflect these individual needs and ensure there are many opportunities for success. We have a holistic, child centered approach to learning. At Southcraig we work together to plan a child's "learning journey" from age 2 to 19 years. Everyone who works with the young person shares a responsibility to develop skills in literacy, numeracy, develop health and wellbeing and offer the appropriate amount of

personal support for each individual. This ensures young people can learn in a way that works for them, at a pace they can cope with and with enough challenge to stretch them. Staff will support them as they move up from nursery to primary, on to secondary and beyond.

### ***Doonfoot Primary School***

Doonfoot Primary provides an outreach programme from their Communication Support Base. This can offer support to pupils and staff from Nursery to Primary 7 in the areas of staff training, peer awareness raising, and more.

## **Education - Specialist autism provision**

### **Daldorch House School**

Daldorch House School, in East Ayrshire, offers fully individual care and education to children with autism from across Scotland. The school provides a tailored mix of education, care and support to young people aged 8 to 21 with autism or related conditions who have been referred by their local authority. In addition to the provision of a broad and relevant curriculum for pupils/students with an autism spectrum disorder, the school offers residential care, short breaks, an outreach service and families programme.

## **Educational psychology**

Educational psychologists promote learning, wellbeing and development of children and young people from birth to young adulthood. They work with staff, pupils, parents and other professionals to help identify educational needs and strategies to meet those needs. They also carry out research and help develop policy and practice.

Each school and early years' establishment has an assigned psychologist. Where there are concerns for a young person, the psychologist may:

- consult with young people, parents and teachers about learning and behaviour;
- gather information across different contexts in which the child functions, including family, community and educational setting via, for example, dialogue and observation
- identify strengths and areas where help is required;
- link with parents and other professions as part of the collaborative process;
- advise parents and others about support needs.

Educational psychology services also provide training on the full range of additional support needs including autism spectrum disorders.

Educational psychology services also provide targeted training on additional support needs that affect a minority of pupils including autism spectrum disorders.

## **Children and Families Teams**

The three Councils' Children and Families Teams provide specialist support to children and families who are significantly affected by disability. This includes support to young people with a diagnosis of autism. Services are targeted in a way that promotes family life,

individual needs and the rights of the child. The teams work collaboratively with key partner agencies in health and education to reduce disadvantage and promote care and support. The teams access a range of provision from both local authority and the private sector, which enables them to provide a flexible response to individual family needs.

## **Other support**

### ***South Ayrshire Befriending Project (SABP)***

SABP provides supportive one-to-one befriending relationships for socially isolated and excluded young people aged between 8 and 18 years who live in South Ayrshire and delivers a relevant, professional and needs led service.

- **Support for adults with autism and learning disability**

### **NHS Community Learning Disability Teams (CLDTs)**

NHS Ayrshire and Arran has three CLDTs, one in each partnership. These multi-disciplinary teams consist of psychiatry, nursing, speech and language therapy, psychology, occupational therapy, dieticians and art/music therapy for adults with learning disabilities (including those also with autism) who have health needs. Working closely with the individual's care manager, the CLDT offers a number of interventions for people with ASD with health needs, including:

- Behavioural assessments / therapy
- Sensory assessments / therapy
- Communication assessments / therapy
- Mental health assessments, e.g. in relation to anxiety
- Support with physical health
- Transition support
- Counselling
- Access to activities (e.g. occupational therapy, physiotherapy)
- Access to advice (e.g. dieticians)

Intervention may take the form of advice and training for individuals, their carers, other people with a support role – e.g. client-specific autism awareness training, sensory needs training. Where the individual has needs which are not necessarily health needs, and relate more to the need for a better understanding of autism or to a specific aspect of the individual's life (e.g. community activities, support, housing) the CLDT will refer the individual to other appropriate agencies.

### **Community Care Learning Disability Teams**

These teams hosted by each of the three Ayrshire Councils provide assessment and care management for adults with a learning disability and autism. The teams coordinate the assessment, implementation, monitoring and review of care packages – both community and residential. They work closely with GPs, Community Nursing, third sector organisations and families and play a coordinating role in terms of making onward referrals to other agencies. The teams also have a role in supporting service users in relation to a range of legislative

frameworks, e.g. the NHS Community Care and Health Act, the Adults with Incapacity Act and the Adult Support and Protection Act.

### **Supported Living services**

As well as statutory agencies a range of voluntary sector organisations provide supported living services to people with autism and learning disabilities. Across Ayrshire these are delivered by, for example, Turning Point Scotland, The Richmond Fellowship Scotland, Quarries and Hansel Alliance. These services provide personalised support to people living with autism in a range of settings, e.g. in their own home, living with family or in supported accommodation and work with individuals to ensure their personal outcomes are achieved. Typical service provision includes individualised care / support packages (residential or at home), housing support, access to social opportunities, befriending, respite / short breaks.

### **Employment services**

Council-run job support service work with adults with learning disabilities (including people with autism) to support them into paid or voluntary placements. Literacy projects are also operating through the councils' Community Learning and Development Teams. These provide a learning programme for adults with learning disabilities and autism to promote literacy, numeracy and life-skills to help them maximise their employability potential.

### **Learning Disability day opportunities**

There are a range of learning disability day services provided across the three Ayrshire local authority areas. These services support a number of people with autism and learning disability, often with complex physical and healthcare needs to participate in structured activities. Person-centred support plans are put in place to ensure that individuals take part in meaningful activities that support the achievement of personal outcomes.

- **Support for people with high-functioning autism or Asperger's Syndrome**

### **Adult Community Mental Health Teams (CMHTs)**

The CMHTs are community based multidisciplinary teams that provide recovery focussed assessment and treatment services to adults with severe and complex mental health problems. New referrals should be directed to this service where there are complex presentations which may require specialist input from a psychiatrist and/or multi disciplinary team members. This service can provide care where an adult with autism also has a moderate to severe mental health problem.

Services are delivered through integrated Health and Social Care teams undertaking assessment, care and treatment interventions and providing care management appropriate to the level of need. Referrals usually come via the individual's GP.

### **Support for employment**

The three Ayrshire local authorities supports employment programmes, which offer a range of interventions to help young people and adults overcome barriers into employment.

### **Ayrshire College**

In each campus across Ayrshire, the College have a designated team member who has a specific role to provide support advice and guidance to our students who are in care or through care services. They also work in partnership with other support services in the college and can help students access a tailored support service specific to their needs.