THE SCOTTISH STRATEGY FOR AUTISM
EVENT

THURSDAY 1 NOVEMBER 2012

STIRLING MANAGEMENT CENTRE
University of Stirling
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## REPORT CONTENTS

<table>
<thead>
<tr>
<th>Context</th>
<th>Page No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Welcome, Michael Matheson, Minister for Public Health</td>
<td>3</td>
</tr>
<tr>
<td>Opening Remarks, Peter Johnston, COSLA</td>
<td>4</td>
</tr>
<tr>
<td>Opening Presentation, Jean Maclellan, OBE, Head of Adult Care &amp;</td>
<td>5</td>
</tr>
<tr>
<td>Support Division, Scottish Government</td>
<td></td>
</tr>
<tr>
<td>ASD Reference Group - Sub-group Presentations, Sub-group Leaders</td>
<td>6</td>
</tr>
<tr>
<td>Event Workshops Session 1: Sub-group, One Stop Shop and Mapping</td>
<td>8</td>
</tr>
<tr>
<td>Workshops</td>
<td></td>
</tr>
<tr>
<td>Event Workshops Session 2: Regional Workshops</td>
<td>16</td>
</tr>
<tr>
<td>Conclusion and Next Steps</td>
<td>22</td>
</tr>
<tr>
<td>Annex A: Participating Organisations</td>
<td>29</td>
</tr>
<tr>
<td>Annex B: Presentations</td>
<td>30</td>
</tr>
<tr>
<td>Annex C: Summary of Recommendations</td>
<td>31</td>
</tr>
</tbody>
</table>
Context

Autism is a national priority. The Scottish Strategy for Autism is the result of a process of consultation which began in September 2010.

The Strategy, which was launched by the Minister for Public Health on the 2 November 2011, is being delivered by Scottish Government, in partnership with the Convention of Scottish Local Authorities (COSLA). Supported by £13.4m of funding over the next 4 years, the Strategy aims to build upon improvements to services and access to services for people with autism and their families/careers. The Strategy outlines 26 key recommendations through which it sets out to achieve these aims.

Recommendation 9 of the Strategy states:

'It is recommended that the ASD Reference Group hosts an event to evaluate and recognise good practice in Scotland to disseminate models of practice, to evaluate success, recognise benefits and limitations and agree how to develop good models across the country in a way that is cost effective'

This Conference, which marks the one year anniversary of the launch of the Strategy, was organised not only to take the first step towards realising that recommendation, but to disseminate and exchange knowledge around the work to date of the Autism Reference Group and its 6 working Sub-groups. Additionally, this represented an opportunity to consider the geographical and thematic range of the 53 local and national projects funded through the Autism Development Fund of 1.5m p.a.

The event provided an opportunity to not only reflect upon and evaluate progress against the goals and recommendations of the Strategy one year on, but also to consider ways in which to build on that progress, address limitations and challenges and inform strategic planning and service improvement.
Welcome

Mr. Michael Matheson, Minister for Public Health

Mr Matheson welcomed the audience and congratulated everyone who had made it to the Conference, considering the travel distances involved for some individuals. He reflected on the launch of the Scottish Strategy for Autism on 2 November 2011 and emphasised that the key to any strategy is to make a real difference to people’s lives. He stressed the need to build upon the momentum realised since the launch of the strategy in terms of its impact upon the lives of people with autism and their families.

Mr Matheson spoke about the investment of £13.4m to build on improvements to services and service access for people with autism. He highlighted the allocation of £1.5m to the Autism Development Fund – an increase of £0.5m from 2011-12, which has been made available to both local and national organisations to deliver local services and develop innovative new services. A total of 23 projects were supported through year one (2011/2012) of the Development Fund, and a further 30 projects / organisations have received funding for 2012/2013. Mr Matheson highlighted that many individuals from these projects and organisations were in attendance today to share their service developments and good practice to date. He drew attention to both the wide geographical and thematic range of the projects, mentioning several specifically.

Mr Matheson went on to speak about the Scottish Government’s Joint Partnership with COSLA in the delivery of the Scottish Strategy for Autism, and his pleasure at having been able to announce funding of £1.2m, to be made available to Local Authorities to support the development of local autism strategies and associated action plans. He also highlighted the funding made available to Strathclyde University and the Open University, to enable professionals working in all aspects of autism services and carers of people with autism to study by distance learning and other methods, an initiative which will enable about 400 people in the coming year to study an understanding autism course free of charge.

The Minister additionally highlighted other funded projects. These included funding to Scottish Autism to apply research in autism to the Scottish context and to Autism ACHIEVE Alliance to build on outcomes from a waiting list project towards implementing adult service solutions and solutions to drive down waiting lists. He asserted that although much has been done since the launch of the Strategy, it is a ten year plan which needs sustained commitment and a consistent approach to take the work forward.

Mr Matheson informed the audience that what motivates him in his position is to help people deal with and resolve issues and challenges; in this way, he shares the same aspiration and ambition of the Scottish Strategy for Autism which is to make things better for individuals. He concluded by inviting Conference delegates to ensure that they made the most of today’s event in order to help realise this and re-iterated the Scottish Government’s real commitment towards the Strategy and its intended outcomes.
Opening Remarks

Mr. Peter Johnston, Spokesperson for Health and Wellbeing, COSLA (Convention of Scottish Local Authorities)

Mr Johnston informed the audience that he took up position as Spokesperson for Health and Wellbeing in June 2012, which post-dated the official launch of the Scottish Strategy for Autism. He spoke of the longer term challenges ahead to realise the desired outcomes of the strategy, and the importance of its 2, 5 and 10 year ‘milestones’.

Mr Johnston revisited the core principles and underpinning values of the strategy; dignity, privacy, choice, safety, realising potential, equality and diversity. He highlighted realising potential as a key theme. He intimated COSLA’s delight at the allocation of funding of around £1.2m to assist Scotland’s Councils in the implementation of the strategy, and said that there would be challenging questions for partner agencies in working together to support its ambitions.

He continued by emphasising the importance of partnership working and service integration towards service improvements responsive to the needs of people with autism and their families. Mr Johnston then highlighted several examples of Local Authority service projects geared towards service improvement and development, including West Lothian’s local Autism Strategy Review, increasing social opportunities and inclusion, and the piloting of new supports involving parents of individuals with autism.

He concluded by welcoming the Conference as an opportunity to contribute towards a one year on reflection upon, and review of the Scottish Strategy for Autism, and wished everyone well for the years ahead.
Presentation on the Scottish Strategy for Autism and its Recommendations

Jean Maclellan OBE, Head of Adult Care and Support Division, Scottish Government, and Chair of the ASD Reference Group.

See Annex B for presentations

Jean thanked Michael Matheson, Minister for Public Health and Peter Johnston, COSLA for their welcome and opening remarks. She then addressed Conference attendees and invited them to express any environmental preferences. It was agreed that the audience and speakers would use a waving gesture as an alternative to clapping.

Jean began by outlining the Conference programme, explaining the purpose of and arrangements for the Workshop sessions. She mentioned the content of her presentation and its relevance to the purpose of the day in reviewing progress against the Scottish Strategy for Autism one year on from its official launch. Jean spoke about Recommendation 9 of the strategy:

‘It is recommended that the ASD Reference Group hosts an event to evaluate and recognise good practice in Scotland to disseminate models of practice, to evaluate success, recognise benefits and limitations and agree how to develop good models across the country in a way that is cost-effective.’

She emphasised that, through the Workshops and presentations, as well as networking, this event would provide all with the opportunity to learn more about the work of the ASD Reference Group and Sub-groups, and the local projects supported to date through the Autism Development Fund.

Jean then explained the origins and various stages of development of the Strategy, from the public consultation, ‘Towards An Autism Strategy’, to the official launch of the Scottish Strategy for Autism on 2 November 2011. She spoke about the £13.4m funding available over a 4 year term, to support the implementation of the Strategy and individuals with autism and their families/carers. Jean then described the major pieces of work and progress against the Strategy one year on, including:

- The Autism Development Fund – 53 local and national projects including transition support services, support in during work experience, support for independent living, intensive behavioural supports, carers’ services and early intervention supports.
- Six new One Stop Shops in Highland, Grampian, Tayside, Lanarkshire, Fife and Ayrshire
- Mapping Co-ordination Project – to map coordination locally
- Autism Network Scotland
- Assessment Research – NHS Lothian and Queen Margaret University to look at reducing waiting times
- Knapp Research – Recommendation 5 – to apply Martin Knapp’s economic costs of autism work to the Scottish context
- Open University and Strathclyde University Training Initiative – to offer free distance learning and other courses of study relating to autism to professionals, parents/carers and interested individuals.

Jean continued her presentation by outlining and briefly describing the focus of the 6 ASD Reference Sub-groups:

- Achieving Best Value for Services
- Cross Agency Collaboration and Involvement
- Diagnosis, Intervention and Support
- Wider Opportunities and Access to Work
- Research
- Sub-group 6 (a group for people with autism and parents/carers)
Jean indicated that members of the first 5 sub-groups were well represented at today’s Conference, and that, following the User/Carer event held in August 2012, the membership of Sub-group 6 had been finalised and many of those members were also present.

Jean closed her presentation by stressing the importance of the involvement of both people with autism and carers in the work of both the Reference Group and its Sub-groups, and looked forward to meeting with members of Sub-group 6 who will start work shortly on contributing towards the implementation of the Strategy.
ASD Reference Group Sub-group presentations

The next series of presentations were delivered by the Sub-group leaders from the already established 5 working ASD Reference group Sub-groups on:

- Achieving Best Value for Services
- Cross Agency Collaboration and Involvement
- Diagnosis, Intervention and Support
- Wider Opportunities and Access To Work
- Research

Copies of each presentation are available in Annex B of this report. What follows is a condensed summary of each presentation. Sub-group presentations were similar to those given at a previous workshop event for people with autism and parents/carers which held in August 2012 which were well received and produced positive outcomes.

Sub-group 1 - Achieving Best Value For Services

Charlene Tait - Scottish Autism

Charlene introduced the membership of the ‘Best Value’ Sub-group, and described the principles and duty of ‘best value’, making reference to the Scottish Public Finance Manual. She illustrated this further by use of the best value ‘wheel’ on the Scottish Government web-site – www.scotland.co.uk.

Charlene referenced the work of Sub-group 1 to the specific Recommendations of the Scottish Strategy for Autism which Sub-group 1 are tasked to address (Recommendations 5 -12). See Annex C in this report for Summary of Recommendations.

Charlene then illustrated these Recommendations against the Scottish Strategy for Autism goals ‘timeline’ of Foundations (2 years), Whole Life Journey (5 years) and Holistic Personalised Approaches (10 years). She continued by considering the strategic links from the ‘Best Value’ Sub-group to other developments and the associated Strategy recommendations:

- Micro-segmentation Project – Recommendation 5
- Mapping Project – Recommendations 6,7,8,10 and 11
- One Stop Shops – Recommendations 8,9 and 11

Charlene then summarised the progress of Sub-group 1 to date and outlined intended next steps, which included plans to expand engagement with commissioners via the mapping project and seminars, gathering a sample of service users’ and family members’ experience of commissioning via Sub-group 6 and mapping outcomes / findings and using feedback from commissioners and service users to guide next steps.

Charlene concluded by indicating progress of Sub-group 1 against the ‘traffic light’ evaluation of Red, Amber and Green. She indicated ‘Amber’ (partially achieved) progress against Recommendations 5,6,8,9 and 10 and Red (not yet achieved) progress against Recommendations 7, 11 and 12.

NEXT STEPS

Sub-group 1’s plans include expanding engagement with commissioners, gathering a sample of service users’ and family members’ experience of commissioning via Sub-group 6, mapping the outcomes/ findings and using feedback from commissioners and service users to guide next steps. There has been some initial engagement with commissioners of services via the ASDW Learning Disability Sub-group, with the aim of gaining an impression as to whether / how the autism commissioning guidance was being used and how this could be improved. This work is ongoing and definitive action is still being considered.
Subgroup 1 are keen not to duplicate work or progress actions ahead of the outcomes of some of the high level, strategic projects which are in progress. Outcomes from the mapping exercise and the Microsegmentation project have direct relevance to a number Sub-group 1’s Recommendations and will be used to inform forward plans. An example of this is establishing the determinants of good service provision. Sub-group 1 will progress action on Recommendation 6, following the Mapping Project Report and Recommendations 5 and 7, following feedback from the Microsegmentation project. To address Recommendation 8, they see collaboration with Sub-group 6 as essential and will be meeting with the Sub-group in the near future.

Subgroup 1 is also planning an event for the evaluation and dissemination of good practice. To this end, a proposal was made to the British Institute of Learning Disability (BILD), seeking permission to produce a Scottish edition of The Good Autism Practice Journal and launch this at a conference to meet the remaining remit of Recommendation 9. This event, which is scheduled to take place in November 2013, will start the process of practice exchange. Sub-group 1 hope to explore the potential infrastructure to capitalise on that model / event and they are considering ways that knowledge exchange on autism practice can be sustained across Scotland. This includes researching existing knowledge networks and portals where they could seek the inclusion of autism-related information and resources.

In addition, their focus has been to gather intelligence on issues relating to the Recommendations which fall within Sub-group 1’s remit. They believe this work, whilst very time-consuming, is crucial. However, their focus is on positive outcomes. As far as possible, Sub-group 1 aim to maximise information / resources already at their disposal and ensure that any measures or actions recommended add value to what is already in place.

**Sub-group 2 - Cross Agency Collaboration and Involvement**

Ian Hood - Learning Disability Alliance Scotland

Ian introduced the membership of Sub-group 2. He provided an overview of the main aims of the group, looking at where voluntary and statutory organisations could work better together to improve how they work with people affected by autism and identifying and sharing examples of good practice in involving people affected by autism in planning, shaping and delivering services. Ian then considered aims and aspirations against the Scottish Strategy for Autism goals ‘time-line’:

**Foundations: by 2 years**
Sub-group 2 aim to provide initial guidance on how people should be involved in designing access to services and a Training Framework which can be used to identify strengths and gaps in training to meet the needs of people specifically related to their autism. They will also prepare good practice transition guidance to help the management of transitions at various stages of life.

**Whole life journey: by 5 years**
Sub-group 2 are aiming to ensure that there is access to integrated service provision and to appropriate transition planning across the lifespan and consistent adoption of good practice guidance by appropriate organisations.

**Holistic personalised approaches: by 10 years**
Sub-group 2 will work towards ensuring a meaningful partnership between central and local government and the independent sector in involving people with autism in planning. There should be access to appropriate assessment of needs throughout life and to consistent levels of appropriate support across the lifespan, including access to support for less studied transitions such as older age.

Ian continued by looking at Sub-group objectives against specific Strategy Recommendations 13-18 including involvement in local planning processes relative to Recommendation 13, with respect to which Ian discussed the National Standards for Community Engagement, involvement in the delivery of support relative to Recommendation 14, and training relative to Recommendation 17. (See Annex C for the Strategy’s Summary of Recommendations).
Ian then considered the outcomes and impact of training activity and the prospective use of a new matrix to help understand the methods, type, opportunities and benefits of autism training activity in Scotland.

He concluded with a one year on ‘traffic light’ evaluation of ‘green’ (substantially achieved) against the outcomes of the Sub-group, highlighting that Sub-group 2 are on target to meet their two year aims, and that the establishment of this Sub-group has provided sound foundations for meeting these aims against each of the 6 relevant Recommendations.

NEXT STEPS

Sub-group 2 have made good progress towards meeting Strategy Recommendations which fall within their remit. For Recommendation 13, which is to explore options for developing user and carer capacity to be able to participate in local planning processes, they have taken evidence from the 3 local authorities who have good practice in involving users and carers in the planning process. Sub-group 2 have used this evidence to support the work of the Mapping Coordinators who in turn have done further work on participation throughout Scotland. They are currently awaiting the Mapping Coordinators report and raw data before progressing this further.

To address Recommendation 14, ensuring representation from the autism community so that their interests are taken into account as further developments in Self Directed Support take place, Sub-group 2 have arranged a consultation event to be held on 21 June 2013 for people from the autism community to look at the SDS Act and the new regulations that have been published. The conference will be minuted and comments submitted to the consultation team and Implementation Team.

Recommendation 15, in which it is recommended that existing reports on the work of Scottish Autism Services Network are formally evaluated with a view to assessing its long-term viability, has been met. SASN has received new funding from the Scottish Government; and with services reviewed and refreshed, the network has benefited from rebranding, and is now known as ‘Autism Network Scotland’. The new network will be subject to proper monitoring and review by the SG.

For Recommendation 16, which recommends that the ASD Reference Group contributes to a review of the SIGN guidelines and in doing so, considers where and how best this innovation might be replicated for adults and other relevant professions. After consideration the Minister following consultation of the Autism Reference Group has decided that no action be taken until the review of NICE takes place in approximately 3 years’ time. NICE guidelines will be used as a basis for adult support in the meantime. The delay could also allow consideration of a ‘continuous care’ SIGN support that looks at interventions from young people to adults – a ‘whole life span’ approach.

Regarding Recommendation 17, supporting an audit of existing provision and to take evidence from grass roots trainers with a view to recognising strengths and gaps as well as identifying the means by which to further improve what is on offer, Sub-group 2 has revisited the National Autism Training Framework and has looked at updating its work in line with new developments. It has drawn on work from Skills For Care and the National Autistic Society and produced a Guidance Note on Autism Training in Scotland, the purpose of which is to produce a basic framework for understanding what the various courses should offer, who they have been developed for and how to think about the quality and effectiveness of particular training. The paper provides guidance on how people should be involved in designing access to services and a Training Framework which can be used to identify strengths and gaps in training to meet the needs of people specifically related to their autism

NES [NHS Education Scotland] are working with the ASD Reference Group to develop a training audit and classification system for autism training.

To meet Recommendation 18 which is that good practice transition guidance is developed, building on from existing educational guidance, in order to support the lifelong challenges facing people with autism as they make daily and life-stage transitions. Sub-group 2 have prepared good practice transition guidance to help the management of transitions at various stages of life.
Sub-group 3 - Diagnosis, Intervention and Support

Jane Neil-MacLachlan – NHS Lothian

Jane introduced membership of Sub-group 3. She indicated that, aside from the core membership of the group, others were consulted as required. Sub-group 3 are working on 9 of the Autism Strategy’s 26 Recommendations. Jane provided a progress update on the activity of the group against these as follows: (See Annex C for Summary of Recommendations).

Recommendations 10 and 11
A menu of interventions which has been discussed and amended by the group will be consulted on prior to publication. It is based on the person’s profile of difficulties and challenges. Interventions and supports, which include quality of life outcome measures, are suggested for children and adults, with and without a Learning Disability. It is envisaged that the guideline document around the menu of interventions will form a framework or work-plan for each local strategic autism working group. The Menu will enable them not only to look at individuals’ needs but also to identify gaps in current provision. Attendees were invited to attend the afternoon workshop.

Recommendations 19 and 20
Sub-group 3’s consensus is that the new NICE guideline for adults covers the most up to date literature with significant limitations relating to the very small evidence base for adults. They agree it would be more useful for SIGN to produce a guideline in 3-5 years’ time when more adult literature is available.

The Royal Colleges have been contacted. The Royal College of General Practitioners already have 5 e-modules on ASD. The purpose of the letter sent to the Royal College of Physicians and the Royal College of Surgeons was to establish whether they consider it feasible or desirable to disseminate ASD materials in e-CPD format.

Recommendations 21 and 22
Sub-group 3 are awaiting feedback from waiting list research study, with the final report due August 2013.

Recommendations 23 and 24
As above, awaiting feedback from the waiting list research study. The list of diagnosticians generated by the research group could be published online on the autism strategy website to allow for updating rather than provide a hard copy to each GP in the country, as was the case for the previous version.

Recommendation 25
The group has made some changes to the wording of the diagnostic standards to reflect the need for post-diagnostic support following on more smoothly from diagnosis. This has been circulated to the ASD Reference group for discussion. It will be important to cross-reference this with the diagnostic /waiting list study.

Jane concluded her presentation with a ‘traffic light’ evaluation of Sub-group 3’s activity against the Recommendations outlined above, and rated Recommendation 19 as ‘green’ (fully / substantially achieved) with the remaining 8 as ‘green/amber’ (substantially to partially achieved).

NEXT STEPS

Sub-group 3 have completed a Menu of Interventions, incorporating suggestions from this event and in consultation with, stakeholders, colleagues including Sub-group 6 members and other people on the autism spectrum. The Menu of interventions is to be launched following endorsement by COSLA and ADSW.

Regarding Recommendation 19 which recommends that a request is made to NHSQIS, as the body into which SIGN has been integrated, to develop guidelines for evidence-based approaches to the diagnosis and management of ASD in adults, it was decided that the NICE adult guideline published last year covered all the literature currently available on the topic. The ASD Reference Group took the decision to delay for a few years as we are in an evidence-generating phase at present.
Recommendation 20 (See Annex C), responses from Royal Colleges were received indicating interest and offers were made by them to include links to existing e-CPD resources on their websites. Sub-group 3 has been considering adult diagnostic services, tools used and training needs. Regarding Recommendations 21 and 22, the Autism ACHIEVE Alliance (AAA) study is working on these recommendations. The availability of considerable training which is currently in development may emerge as the main issue. Sub-group 3 will respond to the findings of Autism ACHIEVE Alliance’s assessment of national waiting lists research once this is available.

Regarding Recommendation 23, which asks the ASD Reference Group to explore ways diagnostic processes for adults and children are different and how this should inform practice, the AAA study has carried out research with 8 Learning Disability teams. The main problem with adult diagnosis is that many people throughout Scotland who do not have a learning disability or mental health problem do not have access to a diagnostic assessment. A letter will be issued to all Health Boards in Scotland requiring them to make this available for these adults who lack such access. Sub-group 3 is working on a plan to develop or improve the skills of General Adult Services (to include Psychiatry and Clinical Psychology) as well as other relevant professionals and will be working with NES to take this forward.

With reference to Recommendation 24, which recommends that a directory of individuals and teams undertaking assessment and diagnosis of ASD in Scotland is reviewed, updated and re-distributed, this work is ongoing. AAA is undertaking this work. Once this list has been clarified and updated, it will be published as an online resource, thus allowing for updating as diagnostic services develop. Sub-group 3 will consider the list of diagnosticians generated by the research group to determine the information and decide what further revisions are required, prior to redistribution.

Regarding Recommendation 25, to conduct a review with a view to updating and re-distributing the quality diagnostic standard if it is found to be of benefit, Sub-group 3 has redrafted the diagnostic standards, making minor alterations.

Sub-group 4 – Wider Opportunities and Access to Work

Richard Ibbotson Autism Initiatives

Richard said that Sub-group 4 has merged with Autism Scotland’s Employability Network. He introduced group membership and then outlined the remit of the Sub-group and its focus being largely on Recommendation 26 of the Autism Strategy, with due consideration given to other Recommendations relating to employment and employability, in particular Recommendations 8, 9, 10 and 11. (See Annex C for Summary of Recommendations)

Recommendation 26

Richard advised that the group were looking for opportunities to share knowledge and experience and to influence other initiatives and strategies. He added that a summary paper was being drafted by the group. This summary highlights that the principles in the Supported Employment Framework for Scotland are sound and of relevance, but the Framework was drafted as a generic cross-disability document and thus cannot and does not attempt to address the specific issues around autism. The implementation of the Framework and its action points are the responsibility of various statutory agencies. The development of a supported employment-based qualification is welcomed and the work of the Mapping Coordination project may be helpful in exploring Supported Employment opportunities at a local level. The Supported Employment Framework has been included as part of the refresh of the Workforce Plus programme. Richard pointed out that there is limited value in looking at one aspect of generic employment strategy in isolation and we should concentrate on evaluating the range of employment experiences.

Priorities for Sub-group 4 are to lead on a response to Recommendation 26, encourage promotion of the positive aspects of people with autism in the workplace, assist in ensuring that autism and employment issues are considered wherever appropriate (e.g. In other national strategies and initiatives) and facilitate the sharing of our knowledge and experiences.

Sub-group 4 hopes their work can help to highlight key themes such as the limited awareness of existing services, the necessity of sharing of good practice, that transitions into employment can be a lengthy process, and that engagement with employers needs to be strategic rather than trying to influence them individually. The group also wish to highlight that policies and national strategies are in place and just need to be used effectively for people with autism. However,
employment initiatives often relate to the young unemployed and those over 25 often miss out. We need to consider the wasted talents of people with autism across the spectrum.

Richard concluded his presentation by commenting on Sub-group 4’s future plans:

- Finalise summary to Recommendation 26.
- Start to input and share with other Sub-groups on other Strategy Recommendations.
- Continue to share experiences.
- Offer support to the employment-related projects that are funded through the Autism Development Fund.
- Identify opportunities to influence the outcomes for people with autism in employment.
- Continue to highlight and promote (where we can) the issues that people with autism can face in the workplace and the benefits they bring.
- Promote the concept of a spectrum of employability solutions and that everyone with autism has something to offer.

He gave a verbal ‘traffic light’ evaluation of the work of the group as ‘lime green’ (significant but incomplete progress)

NEXT STEPS

Recommendation 26
‘It is recommended that the supported employment framework for Scotland is evaluated in terms of its impact on employment and employability for people with autism’

To progress recommendation 26, Sub-group 4 has discussed the Supported Employment Framework and produced a short statement to the main Reference Group which has also been passed to Sub-group 6 for comment. The principles raised in the Framework are sound and of relevance to people with autism and their experiences but current practice can fall short of what is required to effectively support people with autism into employment. It is drafted as a generic cross-disability document and thus cannot and does not attempt to address the specific issues that might arise for people with autism. Also Supported Employment as a model is not necessarily the best employment support approach for everyone with autism.

Contribution to work on other recommendations
Subgroup 4 has been concentrating on sharing information from projects funded through the Strategy’s Autism Development Fund which relate to employment and are now working towards a network event in October that will help to capture good practice (Recommendation 9), as well as relaunching the Autism Network Scotland’s employability network.
Subgroup 4 is also conscious that much of the work around employment focuses on the needs of people with Asperger Syndrome (Recommendation 11)

Other work
Prior to round two of the Autism Development Fund, the group submitted observations and suggestions for what type of activity / project would be welcomed. These picked up some of the recurring themes that the group had identified over the last year.

Recurring themes
There are a number of recurring themes/challenges that the subgroup members see as priorities for further action/intervention:
- Public awareness-raising is necessary around autism and employment and around the benefits of employing those with autism, the positive attributes and skills they bring to work
- There is a need for positive role models of employed people with autism to which people can aspire to, and the promotion of success stories
- Many employment funded schemes are limited to younger adults (under 25’s) and this excludes many people with autism who need employment support
- On-going support to maintain work is as important as support to ‘get into’ work
- Employment should not be limited to those with Asperger syndrome as people with autism across the spectrum have work skills and potential
- There is a need to consider a wide spectrum of types of occupation and employment outcome all of which have value for the person with autism
There is a need to share examples of the good practice in employment support for people with autism that exists across Scotland.

Sub-group 4 considered how to involve people with autism in World Autism Awareness Day which took place on 2 April 2013 and came up with Autism: Life in Colour, which aimed to capture the views of people of any age with autism about their lives, by asking them to submit two photographs or video clips taken on that day. The purpose was to provide a visual representation of the Scottish Government’s autism Mapping Project, which aims to provide a better understanding of people’s experience of living with autism and the services available to them. An exhibition of submissions will be made available to view in Edinburgh and then further afield around Scotland.

**Sub-group 5 – Research**

Dr Ken Aitken

Ken opened his presentation by considering the two main Recommendations from the Autism Strategy relating to the work of the Research Sub-group, Recommendations 7 and 12. (See Annex C for Summary of Recommendations)

Ken considered what ‘research’ actually is and expanded on the following aims of research:

1. **Helping people understand what ‘evidence-based practice’ is.**

Ken defined evidence-based practice and identified some of the difficulties and challenges associated with changing evidence bases and continuous new research activity. He spoke about the SIGN 98 ‘scoping review’ published in January 2012 and its recommendation for a review of the Child and Adolescent guideline – see [http://www.sign.ac.uk/pdf/SIGN98_ASD_review.pdf](http://www.sign.ac.uk/pdf/SIGN98_ASD_review.pdf). Ken discussed the request for the Research Sub-group to consider the idea of an adult SIGN guideline for ASD, and gave three main reasons why this was not currently a sensible option, including the imminent change in diagnostic criteria for ASD, discussing this prospective change in more detail.

2. **Knowledge translation - How can we use research to improve practice?**

Ken described the process of knowledge translation in terms of it producing improvements in decision-making, commissioning and developing models of practice. He stressed the importance of common definitions, clear ideas of the nature and extent of issues and a National Case Register.

3. **Implementation - How do we help to change what people do?**

Ken discussed how we can best ensure that Strategy Recommendations are put into practice and suggested several possibilities, including SIGN (Scottish Intercollegiate Guidelines Network) guidelines and NICE (National Institute for Health and Clinical Excellence) materials on best practice. He spoke about the combined costs of failing to implement recommendations.

4. **Treatment Fidelity – how do we make sure they do it?**

Ken described treatment fidelity as the process of ensuring that, having recommended and funded approaches, they are carried out properly, by people with the appropriate training, accreditation and monitoring. He spoke about this being difficult to achieve, particularly when an approach is specialised, where it does not have a training infrastructure, and if there are no local practitioners.

5. **Comparative Effectiveness Research - Can we tell what is best?**

Ken looked at Comparative Effectiveness Research, an approach which directly compares the implementation of and outcomes from using different approaches. CER relies on carrying out ‘head-to-head’ studies. The relative benefits of two or more approaches can be tested using the same evaluation methods in comparable populations. Ken then commented on US and UK examples of CER.
6. Cost Effectiveness - How do we tell what we can afford to do?

Ken considered ‘cost effectiveness’ and alerted that, in ASD, few approaches have been evaluated as far as their cost-effectiveness or been compared ‘head-to-head’. He asserted that the costs of training staff to become competent and of resourcing, implementing, accrediting and monitoring different approaches can vary widely, and, based on the recent scoping exercise, a number of new approaches are likely to be recommended in any future revision to SIGN. Adopting accepted methods of assessing the cost-to-benefit balance of introducing changes to practice will be an important area to consider.

Ken pointed out that in general terms, we know the average lifetime cost per person with ASD. For the whole of the UK for the year 2005-2006 this was estimated at an aggregate cost of £27.7 Billion.

To conclude, Ken highlighted that, as part of the Scottish Strategy for Autism, Tommy McKay and Martin Knapp are leading an update on costs work, specifically looking at ASD in Scotland; Iain McClure and colleagues are looking at how to optimize the diagnostic process; and Sub-group 5 are considering the feasibility of a National ASD database drawing on recent work on early risk factors.

He ended with the following observation:

“The best time to plant a tree was 20 years ago. The second best time is now.”

NEXT STEPS

Sub-group 5 have raised issues at the main ASD Reference Group around other specific issues. The first concerned the need to revise the ASD entry in ‘The Matrix’, a cross-specialism document developed by NES to guide the commissioning of Clinical Psychology Services. Raising the issue led to a meeting with NES and an agreement to revise the entry to better reflect current evidence, with input from Sub-group 5.

The second concerned the need for a more formalised agreed mechanism to enable rapid response to media pieces on ASD research, particularly where these are inaccurate and cause concern amongst the public. This is now being taken forward through a meeting of various parties and the Scottish Government to arrive at a sensible strategy to achieve a coherent way of ensuring consistent messages where this is possible.

Members of the group are actively involved in three substantive research projects funded to date through the autism strategy, to address several Strategy recommendations:

i) The Microsegmentation Project
ii) The Waiting List Initiatives Project
iii) The National ASD Database and Early Identification Project

Sub-group 5 will also be looking at questions posed by the other Sub-groups and at developments around DSM V, which are updated diagnostic criteria to be published in May 2013.
Workshop 1 Sessions –Sub-group, One Stop Shop and Mapping Workshops -

Following lunch and informal networking, the afternoon session of the Conference focussed on a series of planned Workshops. In advance of the Conference, delegates were invited to submit their preferences for attendance of Workshop 1 sessions focussing on the work of the Autism Reference sub-groups, One Stop Shops and Mapping activity. Delegates were given their preference, subject to available capacity of the Workshop. Workshop 1 sessions focussed on:

1. Achieving Best Value
2. Cross Agency Working
3. Diagnosis, Intervention and Support
4. Wider Opportunities and Access to Work
5. Research
6. On Stop Shops
7. Mappers

Each workshop 1 session was conducted differently, depending on the desired outcomes relating to their ‘theme’. Some workshops had a presentation format, some were more interactive. The volume of ‘outcome’ from each workshop 1 session therefore differed. This report continues by summarising the key content and outcomes of the workshop sessions.

Workshop 1 – Achieving Best Value

The aim of the workshop was to tap in to participants’ expertise and experience of outcomes, invest to save and commissioning.

During the introductory session participants discussed a wide range of issues. Many of these concerned how to bring about change, e.g. how to: encourage major services to play a greater role in supporting people with autism and the importance of organisations working in partnership; persuade local authorities developing autism strategies of the benefits of Best Value; include issues such as quality, skills and training in commissioning decisions, not basing these purely on financial considerations – outcomes which achieve a good quality of life are what count – and how to ensure equal access to good commissioning and personalised support.

Tenders which contain poor service specifications can have a very negative impact on the quality of support provided. They agreed there needs to be a mechanism for support providers to demonstrate that their services make a difference.

The workshop group then split into two groups to discuss three sets of questions on outcomes, invest to save and commissioning. There was not enough time to consider all of these in detail, so groups focussed on the issues they were most interested in. The aggregated feedback from both groups was as follows:

Outcomes

Outcomes should be individual and specific. Best Value / positive outcomes cannot be achieved unless people are listening to the issues that really matter to people and act on them. There was agreement that the values in the Scottish Strategy for Autism, which are also a common thread within the National Care Standards, are a pre-requisite for positive outcomes (dignity, privacy, choice, safety, realising potential and equality & diversity). The importance of ensuring that individual and service reviews take place which feed into contract monitoring meetings was stressed, as this has the potential to create a ‘learning loop’ which can help refine future commissioning processes. Good outcomes might include steps taken towards independence or which ensure happiness: relationships, employment, activities. Anything which benefits the individual is a good outcome. People should be supported to find good jobs, not just any job. There was some confusion in the group about the difference between outcomes for individuals and wider outcomes, such as increasing understanding, greater access to universal services, suggesting that there might still be some work to do on getting people to think about outcomes for individuals. It was recognised that some outcomes are easier to quantify or measure than others but all should make a significant and positive impact on the person’s life.
Invest to save
The group identified a danger that local strategies may focus on traditional services, whereas low level early interventions, as soon as an issue arises, are important and are more likely to make a difference. Support with sleeping, toileting etc. can make a huge difference, but attracting funding for this is difficult. The group could also see potential for programmes that help young people to understand themselves and develop their own strategies, or that help families to look after themselves and in turn, their children. More flexible services are required which are able to respond quickly. There is a need to get beyond a fear of spend and to create the ability to move resources to create a fluid service and prevent crises from occurring. Health and Social Work need to communicate better, pool resources and budgets and overcome institutional blocks that prevent creative solutions. A proposal to create an ‘Autism Agency’ to effect change and the removal of ASD services from learning disability services was discussed.

Commissioning
Participants identified a lack of focus on what support is trying to achieve. Negotiating with families and individuals about the purpose of a service (not just what it will do but why) and clarity around desired outcomes is very important. A challenge identified for commissioners was how to assess the quality of support. Having tools/ a way to measure individual progress, e.g. in self-confidence or in practical things like sleeping, is essential and would also help build confidence. Individuals and families should also be helped to think about desired outcomes, so that progress towards this can be measured. To provide a baseline for measuring this, families could be asked to comment on the impact that a particular issue is having on day-to-day life. The group wondered whether these individual measures of progress could be mapped onto a bigger picture that would influence commissioning, which is often driven by what is already in place (re-tendering existing services) rather than what is needed. The group felt very strongly that there are huge challenges around the local variation in commissioning and questioned the knowledge, skills and experience of local commissioners in shaping meaningful services or whether they are purely driven by lowest cost. Outcomes-based commissioning must be focused on outcomes for the individual that are meaningful and not generalised. The group recognised that considerable work would be required to provide clarity to all stakeholders, but particularly commissioners, about positive outcomes/ quality of life indicators and what they would look like – a strong plea was made to create a common language around outcomes for individuals.

Workshop 2 – Cross Agency Working
This group looked at Training, Transitions and Involvement:

Training
Concerns were raised around accreditation, e.g. what actually constitutes it or the lack of it. Training needs to be diverse, fit for purpose and tailored to provide interventions which are evidence-based. It is also required to be put in place where training gaps have been identified. Suggested gap areas included girls and ASD, dual diagnosis ADHD/ASD and practice-based training. Mentoring was also mentioned, as currently support is lacking for staff who have received training. Training and Continuing Professional Development need to be offered and opportunities for both of these need to be given to support workers, as well as the chance to influence planning procedures. The key elements of effective training need identified.

Transitions
Transition planning, which needs to focus on employability as a key element, requires a longer timescale and integrated teams work best. However, better links are required to Adult Services – in rural areas, these are lacking. Eligibility for post-16 year olds to access services is frequently restricted to those with a learning disability or mental health issue, which is a real concern. For transitions within adulthood, planning is very poor and late diagnosis can mean that such transitions have been very difficult.

Involvement
People on the spectrum want, like everyone else, to experience a good quality of life and wish to be involved in all aspects of their lives, including decisions around housing, work, training and leisure.
The question is how this can best be achieved / facilitated. Various options were discussed, including involvement in ASD-friendly meetings, improved involvement through support, access to information in easy-read formats, the use of social media and also, ensuring that current welfare reforms are made accessible to those on the spectrum.

**Workshop 3 – Diagnosis, Intervention and Support**

This workshop addressed five questions based on Jane Neil-Maclachlan’s presentation, to which participants provided responses:

**What do you think? What have we missed?**

The group cited the environment / housing, social isolation, bullying, discrimination, the family not accepting autism and school experiences included being treated differently because of ASD and not being allowed to follow a preferred curriculum or difficulty in gaining access to education by being excluded from school.

**Do we need to separate interventions from supports?**

The group fed back that there is a large degree of overlap between interventions and support and that they should not be separated, as there are risks in doing so. What constitutes an intervention is interpreted differently by different disciplines and there are many things that people do that help which are both an intervention and a support.

**Do we need 4 separate tables?**

The consensus was that one table was preferable, covering the age range, all stages of life, including transitions, variable needs and ability span. People with ASD can be carers too which has implications for them at different life stages (maternity care, care of the elderly, bereavement issues).

**What do you think of the proposed strategic group?**

Feedback included wondering who would undertake this work, e.g. post-diagnostic discussions and whether local strategic groups could undertake the implementation of such work. A couple of models of care were proposed, e.g. the ‘step-match-care’ model or the ‘pyramid of care’ plan for adults with autism. More frequent, less demanding interventions could in this way be delivered locally, if these did not require a high level of training.

**How can we keep this practical and actually used?**

A number of suggestions were made including putting the menu of interventions on a website, keeping it updated through input from local conferences, possibly facilitated by ASD Coordinators; bookmarks, diary inserts as aide-memoires and through annual events like this one which could also audit progress. In addition to its content, a benefit of the menu is its brevity. Risks were mentioned which could jeopardise its effectiveness: the cost of interventions and the complexity of language. It was suggested that the menu be revisited to ensure the text is written in plain English. The problem of joining up all of the information was also raised. The group questioned how information arising from the mapping exercise project will be incorporated and whether projects funded through the Autism Development Fund would provide feedback to the Sub-groups.

**Workshop 4 – Wider Opportunities and Access to Work**

People with autism are a valuable workplace resource and employers should capitalise on this. For those seeking work, the abilities of people on the spectrum need promoted, as this is an important aspect of finding and maintaining employment for this group of people. The availability of continued support for the individual in employment is essential for the individual’s effectiveness. Ideally, however, the aim, when supporting someone with ASD in getting and maintaining employment, is independence in the work environment and every support plan should have an exit strategy to put in place, if this is achieved.
Being employed usually has a very positive impact on quality of life and wellbeing. However, one of the biggest barriers to work for people with ASD is the amount of funding available to organisations to provide support. Employment services should be tailored to the individuals’ needs and particular situations, taking into account their abilities, skills, education and interests. Mainstream services need to be empowered to adapt to the needs of people with ASD; if they did so, specialist work services would no longer be required.

Individuals for whom tertiary education is not the right option often find themselves unsupported. Self-directed support was suggested as a possible option. In terms of work opportunities, projects need to cater both for supporting people into existing work and those people that develop the work / occupation around the individual.

Gathering information on employment is an important element of the Mapping exercise and One Stop Shops, such as Number 6 in Edinburgh, can also contribute their experiences and work to help those on the spectrum prepare for employment or find a suitable occupation. There are many different projects in progress dealing with employment / employability issues. The need to develop effective and sustainable ways of communicating and sharing good practice was discussed and it was suggested an event, similar to this one but which focussed solely on employment projects, could be valuable.

**Workshop 5 – Research**

This workshop comprised mainly of a presentation on the work of the Autism ACHIEVE Alliance – ‘Waiting for Assessment’ project in relation to Recommendation 12 of the Scottish Strategy for Autism,

> *It is recommended that an assessment of national waiting lists is undertaken to clarify the extent of delays and that the ASD Reference Group considers and responds to these findings.*

Autism ACHIEVE Alliance (AAA) is a collaboration between NHS Lothian, Queen Margaret University and the University of Edinburgh, comprising a multi-disciplinary team with academic and clinical expertise. AAA has been funded by the Scottish Government to explore waiting times for autism diagnosis in Scotland, establish the causes of delays and how best to address these at a national level. The project will also explore the lack of diagnostic assessment training available and the possible need to update the Autism Diagnostic Standard, problems highlighted in the Scottish Strategy for Autism.

A review to date of the project, ‘Waiting for Assessment’ was given which looked at the geographical spread of autism diagnostic services across Scotland and included descriptions of the project sampling method, quantitative data collected and results to date. Discussion followed around average waiting times and issues affecting these, as well as ongoing work with services to develop solutions. An overview of a National Action Plan, next steps and associated timescales was provided.

**Workshop 6 – ‘One Stop Shops’**

An overview of the two existing One Stop Shops, Number 6, Edinburgh and the Autism Resource Centre, Glasgow was given by Robert MacBean. Number 6 in Edinburgh, which opened in February 2005, provides a service not only for people who have been diagnosed but also for those who suspect they are on the spectrum. Such individuals can gain access through this service to getting a diagnosis. Glasgow ARC (Autism Resource Centre), funded by GCC, used to also be funded by Glasgow Health Board but this is no longer the case. Both provide information/advice/signposting services for people on the spectrum, families, carers and professionals.

Six new One Stop Shops (OSS), funded by the Scottish Government, are opening across Scotland and piloting models of support. The OSS are to be in the following areas, with Autism Initiatives (AI), National Autistic Society (NAS) and Scottish Autism (SA) each having responsibility for two of them.
• Inverness, Highlands - AI lead responsibility
• Aberdeen / Aberdeenshire - NAS lead responsibility
• Fife - SA lead responsibility
• Perth, Perthshire - AI lead responsibility
• Ayr / Ayrshire - NAS lead responsibility
• Lanarkshire, North and South - SA lead responsibility

The One Stop Shops will all work cohesively and collegially together, as part of a network.

Further detail was then provided by OSS Managers in Edinburgh, Lanarkshire and Fife on their respective One Stop Shops and services provided.

Matthew Day, Manager of Number 6, Edinburgh provided an overview of service numbers. The service focuses on adults, particularly those with Asperger’s and provides, amongst other things, 1-1 post-diagnostic support, groups catering for a wide variety of interests and a drop-in service.

Lanarkshire OSS, based in Motherwell are compiling a directory of local services through surveys, to determine existing service provision and people’s opinion of them. Services offered across Lanarkshire have been uneven, gaps exist and communication has been poor between North and South Lanarkshire. To address these issues, Lanarkshire OSS have built links with volunteer agencies and other agencies, the aim being to avoid duplication of services and facilitate the sharing of them. They are also running workshops, knowledge-share groups for professionals and offering half-hour slots for professionals to give short presentations.

Fife OSS met with professionals, service users/families, sourced premises and have identified satellite-outreach areas and gaps in services. A survey is being carried out through ‘Survey Monkey’ with people with ASD, parents and professionals which asks them to feedback on what gaps there are in services.

Highlands – The Shirlie Project. A representative from this group explained that this is a supported employment agency, not a OSS, delivering employment-focussed programmes to people with support issues and those furthest removed from the labour market. SG is funding this project through the Autism Development Fund. The Project builds communities to support people’s ambitions and also links with ‘hidden’ people, e.g. those trapped at home. They run an employment/transition project.

He pointed out that OSSs, in addition to identifying training needs, e.g. of professionals, care workers, should be there to help other services to develop and help people with ASD participate in the world and explore the opportunities. There was discussion around whether the voluntary sector, Local Authorities or Health Boards will fund OSS after the first two years. All agreed that investing to save at an early stage helps avoid the costs of Mental Health problems later on. There was discussion as to whether there was any mileage in Virtual OSS and whether Outreach facilities for those with autism could possibly link into those of existing networks, if suitable for the client group.

Workshop 7 – Mappers

As with the Research workshop, this consisted largely of a presentation on the work of the National Autism Mapping Project by Liz Catterson, Project Manager. The mapping project links directly with Recommendation 3 of the Scottish Strategy for Autism:

Recommendation 3 – ‘It is recommended that the ASD Reference Group explores the benefits of ASD lead officers with the Association of Directors of Social Work and with COSLA to establish how rollout across Scotland might be best achieved’

The project will run from August 2012 to June 2013. There are two phases to the project and 2 major outputs:
Phase I, to January 2013, aims to collect information at a local level and identify possible priorities for action. From this, a service map, which will not be a directory but more an overview of what agencies, people with autism and their carers are saying, will be produced.

Phase 2 will use the information from Phase 1 to look at what, where and how an investment into local autism co-ordination can improve services at a local level. From local plans, a national report with recommendations extracted from local areas will be submitted for consideration to the Scottish Government, COSLA and the ASD Reference Group and ultimately to the Minister.

The development of a service map will involve looking at values, core services, Indicators of best practice and quality of life outcomes. Ultimately the Strategy is about people having a meaningful life. The mapping work will therefore be underpinned by the Strategy’s values of dignity, privacy, respect, equality and diversity.

These values will be considered across core services which help people to build a meaningful life, such as housing, education, care and support, health, employment, housing, criminal justice etc. Anything which already exists within the community that people value and use will also be incorporated into this work.

The ten indicators for current best practice in the Strategy will then be considered, e.g. whether training plans exist, involvement of people and their carers, data collection and sharing, to determine the level and quality of service provision within local areas, with the ultimate aim of enabling people with autism to achieve a meaningful and satisfying life.

Information will be gathered through on-line surveys, meetings with people with autism and with carer groups, desk-top research and multi-agency workshops.

A Team of 10 (7 full-time equivalent) local area service mapping co-ordinators have been allocated geographically to Local Authority areas throughout Scotland, as the main contact for those areas. As of 1 November 2012, the team had been established, Mapping Co-ordinators linked to areas, on-line surveys completed, some multi-agency groups identified and meetings had been arranged with people with autism, carers and carer groups. Mappers are facing different issues / challenges, depending on their respective areas. Engaging with wider groups and stakeholders is proving more time-consuming than anticipated. Mappers are however seeing change in local areas and examples of good practice on the ground.

The workshop concluded by the small group of people attending having a short time to reflect on the content of the presentation and discuss their considerations.
**Workshop 2 Session – Regional**

Following afternoon coffee and informal networking, Workshop 2 sessions were conducted with the aim of delegates being informed by, and informing the work of the local area mapping activity. Delegates were allocated workshops according to geographical area of residence or work. It was not possible, due to disproportionate numbers of delegates from particular areas, to organise Workshop 2 sessions strictly in line with service mapping co-ordinators’ geographical areas of responsibility, although this was realised as much as possible. In light of this, due to weight of delegates from the Glasgow and Edinburgh areas, there were two workshops allocated to each of those areas. Workshop 2 sessions were organised as follows:

**WORKSHOP 1** – Aberdeenshire, Moray, Perth and Kinross, Highland and Islands

**WORKSHOP 2** – Edinburgh

**WORKSHOP 3** – Edinburgh, Lothian, Borders and Tayside

**WORKSHOP 4** – Falkirk, Fife, Forth Valley, Clackmannanshire, Argyll and Bute, Dumfries, Ayrshire and delegates with a National responsibility.

**WORKSHOP 5** – Glasgow

**WORKSHOP 6** - Glasgow, East and West Dunbartonshire, Renfrewshire and Lanarkshire

Feedback from these workshop sessions will be presented from the above geographical areas in line with the 3 Activities common to each workshop.

Activity 1 aimed to collect more information on local services by asking workshop groups to consider:

*’What is in your local area which supports the vision of the strategy: that helps people with autism to have a meaningful life?’*

Activity 2 asked workshop delegates to consider whether there were gaps in relation to core services that the Mapping Project was covering.

Activity 3 involved asking workshop delegates what they would like to see in the service map – one of the intended outputs of the mapping project.

**WORKSHOP 1** – Aberdeenshire, Moray, Perth and Kinross, Highland and Islands

**Activity 1 (Local services):**

In the Grampian area, Campfield School, for education and support, with the St Andrews project supporting people excluded from school and a nature-nurture project for pre-school support, MUSIC 4 U, inclusive drama/music enablers, Triple A, run by people with disabilities, Autism Initiatives, for housing and Create, providing discos, drama shows and DJ lessons were organisations highlighted as helping people with autism lead a meaningful life. There are also social group facilitators providing information to adults and carers and a number of other creative arts outlets on offer, including making films.

In the Highlands, organisations such as Shelter and the Calman Trust (housing support and advice) and Autism Rights Group Highland (ARGH), a group for autistic adults run by such, were mentioned, as were initiatives such as ‘The Bigger Picture (individualised transition planning) and The Shirley Project (work placements and support networks for young people). Skills Development Scotland and Job Centre Plus were also mentioned as locally supportive. Importantly, the region offers an adult diagnostic service with follow-up advice and signposting to services. NHS staff have been given an autism profile, to help them be more effective with people on the spectrum. A range of leisure activities were mentioned, including American football and swimming lessons offered to children with ASD at Inverness Leisure with swimming pool / gym staff who are ASD-aware. A local art gallery, ‘Hung’ was starting up a creative autism workshop to enable those on the spectrum to express themselves through art. The importance of various people in their lives as a support was mentioned, as were Activity Agreements, which access all types of social activities and music workshops for young people, as well as providing mentoring.
Activity 2 (Service gaps):
Grampian and Highlands reported service gaps in autism-awareness in schools and information on post-school options, e.g. specialist education or training, in the provision of choice and information on Self-directed Support which might assist in accessing social activities and employment/hobbies, in opportunities to develop self-employment skills, living skills, business planning and money management skills, in housing support, whether for purchasing or privately renting and in terms of sharing with others and also in the criminal justice system, commissioning, staff training, e.g. online for NHS staff, travel and in support for autistic parents and families, The lack of adequate social opportunities, e.g. youth clubs/groups was mentioned.

Activity 3 (Service map):
Grampian and Highland workshop delegates wanted the service map to show where the gaps/barriers are, for it to be easily accessible, e.g. online, updated and impartial, to identify real life experiences and what makes a difference, sharing good practice and doing so across regions, so that people know what is working well in other areas. They wanted it to raise awareness and provide digital social network access.

WORKSHOP 2 – Edinburgh
Activity 1 (Local services):
Edinburgh Workshop delegates mentioned CAMHS, Adult Mental Health and Community Child Health services as supportive Health services, VTSS (Visiting Teaching and Support Services) for mainstream school and SPECTRUM (part of VTSS) as supportive Education services and Number 6 (the One Stop Shop), NAS psychology support, the Scottish Autism day centre, support for family carers and PASDA in particular also as offering autism-specific support. A number of organisations in the Voluntary Sector were also mentioned, including Barnardos Intensive Behaviour Support Service (BIBSS) The Action Group, Lothian Centre for Inclusive Living (LCIL), FAIR (welfare benefit advice), Epilepsy Scotland, The Yard Kids zone, Sleep Scotland and Teens Plus, for transitions, The Hermitage, Kindred, Intowork, Tailor Ed, Housing Support in the Grassmarket, the Cyrenians who provide homelessness prevention services and residential respite – Seaview and Hillview.

In addition, there are supports offered through autism-specific support services, e.g. Edinburgh Action Group for employment support and ELAS (Edinburgh Lothian Autistic Society), The Gallery on the Corner and through the community, nursery school, schools or after-school clubs, by some GPs, dentists or employers or through a number of diverse venues, which were cited as autism-friendly, including The Filmhouse, The Traverse Theatre Bar or the Odeon Cinema on Lothian Rd. In addition, the local police force were considered knowledgeable and autism-aware.

Activity 2 (Service gaps):
In terms of gaps in services, with regard to employment the importance of raising awareness of an untapped workforce was mentioned, as was meeting individual needs and providing opportunities to socialise and make friends. Families need better support.

Activity 3 (Service map):
Edinburgh workshop delegates said they would like to see an increase in services offered; diagnosis should lead to services but these need to be in place. There was some discussion around the usefulness of the mapping exercise and what it aimed to achieve when needs are already well known and recorded and who it should cover/identify. It was clarified that the mapping exercise’s aim was not to provide a directory of services but rather an overview of professional and personal views regarding local services, including best practice and where there are gaps.

WORKSHOP 3 – Edinburgh, Lothian, Borders and Tayside
Activity 1 (Local services):
Edinburgh, Lothian, Borders delegates listed a large number of supports available, e.g. Real Jobs (support to keep jobs) or The Action Group (bespoke training for support staff). A number of organisations, including Edinburgh Development Group, Signpost (transitions courses and booklets and facilitation of days out for whole family), Unison (support in the workplace for transsexual individuals with Asperger’s) The Action Group, Autism Initiatives (Number 6 One Stop Shop and other
initiatives), Scottish Autism, Barnardos Intensive Behaviour Support Service Edinburgh (BIBSS), Borders Autism and Aspergers Group Support (BAAGS), SPECTRUM, and Intowork were mentioned. Autism Network Scotland was noted for the dissemination of good practice. Parent support groups such as PASDA, social skills groups, local support groups, social firms and Barnardos Intensive Behaviour Support Service were also cited. There are a range of health services providing some support, e.g. the wider CAMHS and Learning Disability teams as there are recreational outlets, such as the Fauldhouse Community cinema which provides autism-friendly screenings, facilitated through parents, together with a West Lothian support group, or more informally, art or college classes. The Adult Autism Diagnostic Service and the regional autism spectrum diagnosis service were mentioned, as were the NHS Mental Health services and Penumbra. Self-awareness and social relationships were also viewed as personal supports.

Tayside is about to benefit from a new One Stop Shop in Perth. Other sources of local support mentioned included support services within Dundee College and The University of Abertay & Perth College. Support groups include The Spectrum Club, a fortnightly social group for adults with High functioning autism/Asperger’s and Perth Autism Support Group. The Earn project provides supported living for those with ASD, with a large staff team of trained and experience autism practitioners. ‘Speaking Literally’, a business which raises awareness of Asperger’s through public speaking, was mentioned as supportive. There is also a range of support services for adults on the spectrum with a learning disability which are needs-led – NHS, Voluntary, local authority, social work and forensic. Autism services in Tayside are being reviewed and development needs addressed. Other less formal supports were mentioned, such as the environment for walking and the space it provides and autism-friendly cinema screenings.

Activity 2 (Service gaps);
Edinburgh, Lothian, Borders and Tayside – a large number of gaps in a variety of areas were highlighted by workshop delegates in these regions. These include a lack of autism champions within organisations, and a lack of employment opportunities / social skills training for people with autism in relation to employment, a lack of mentoring for those with ASD and inadequate support when accessing mainstream Further Education or appropriate housing. There is a need for staff training across all disciplines to be maintained. The pathway to getting a diagnosis and support is unclear and there is no guidance regarding post-diagnostic support (geographical area not specified). For people with ASD but no learning disability, service provision is low; where services exist, they are not well-known or advertised. A number of other gaps, including inadequate interventions, e.g. to handle challenging behaviours / crisis situations / prevention strategies, lack of public understanding of those with ASD and inadequate befriending / respite for the family were mentioned. There also need to be more social groups for parents/carers and a range of therapeutic services offered.

Activity 3 (Service map):
Edinburgh, Lothian, Borders and Tayside workshop delegates jointly reported the need for fluid services which are locally relevant and for which there is local responsibility, also for updating these services, where care is matched to the needs of the individual and suitable mentoring is available. Training and awareness-raising across all agencies and the community is required. This should take place at a high strategic level, then translated into lower level strategies and operational planning which informs the third sector and also the ASD community. It was suggested that local area coordinators could undertake the local element of this work, with local sub-groups representing the needs of early years, school, and post-school transitions and destinations, as one group would be too large to devise a remit/agenda. The scope to develop cross-agency working was mentioned. An autism version of Traveline Scotland was proposed, indicating clearly how to get the desired destination from whatever point a person is starting from, with clear signposting to good practice services, whether provided by service providers or autism-friendly and aware services in the community. It would help to develop an evidence base of what works. The need for improved communication was raised, with a directory of services available both local and national, with an online format. There should be clear routes to assessment / diagnosis, for all ages and abilities. Once again, the need to raise public awareness of autism was highlighted, which in turn would influence employers’ views of people with autism as potential recruits.

WORKSHOP 4 – Falkirk, Fife, Forth Valley, Clackmannanshire, Argyll and Bute, Dumfries, Ayrshire and delegates with a National responsibility.
Activity 1 (Local services):
In Falkirk, examples of locally supportive services mentioned were the Young person’s Advocacy Project, Carers’ Centre, Falkirk Autistic Bairns and ChAt (Children with Autism Falkirk).
In Fife, many local supports were mentioned. These include the opening of a One Stop Shop, psychological services, a Multi-agency Community Diagnostic Assessment service as well as a multi-agency pathway for children with ASD, an Education ASD Strategy and ASIST, which provides help in schools, as well as an ICT project gathering views of young people with ASD regarding their educational experience. Falkland HS was considered supportive. Organisations such as Fife Action on Autism, Woodmill Autism Base which provide adult support, PHAD (People with High Functioning Autistic Disorders) and Scottish Autism for their Blue Central Adult Support service were mentioned, as was Carnegie College Aspire and the Glass wall project. Police are ASD-trained and there is awareness throughout the Criminal Justice system.
In Clackmannanshire, The Young Person’s Advocacy Project, the Carers’ Centre and Play Alloa were mentioned.
In Stirling, support was acknowledged from some schools and local charities, local area coordination youth services and from leisure staff, the Rock Centre for social activities, Inclusion, a drop-in service run by Central Advocacy Partners, Self-directed support, in-service provision from Health on Health Education as well as a Speech & Language Therapy service.
In Argyll & Bute, supports cited include some outstanding teachers and additional support assistants, Autism Argyll & the Achievement Bute Mentoring Project.
In Dumfries and Galloway, a wide range of services found supportive and which addressed the needs of different age ranges were mentioned. These include an ASD Strategy group, Partners in Autism, an ASD Integration Network, a Parents Inclusion Network a Young People’s support service and the Galloway Peer Project West. Services such as the Children and Families Social Work team and the Vulnerable Adults Social Work team provide support, as do CAMHS (Child and Adolescent Mental Health Services), educational psychologists and visitors, psychology, mental health, occupational therapy, speech and language and supported employment (LD) services. The Communication Disorders Assessment Team (CATS) and the CDAT – Diagnosis East and West were found helpful. Organisations such as the Richmond Fellowship and Leonard Cheshire were considered supportive.
There were a variety of other supports, including Lincluden After-school club, the Princess Royal Trust Carers and Key Housing and social supports for young people including the Oasis Youth Centre, the Splash Club, a Summer Activity Scheme and a befriending service. Delegates with a national responsibility cited the SCLD Autism website, Women’s Asperger Network, Adult Aspergers Forum and the National Centre for Autism Studies as supportive.

Activity 2 (Service gaps):
Falkirk, Fife, Forth Valley, Clackmannanshire, Argyll & Bute, Dumfries & Galloway and Ayrshire mentioned service gaps in transitions, particularly from High School to adulthood, when services are lost. A clear pathway is needed. Issues such as young people with ASD not accepting diagnosis (as wanting to be ‘normal’), individuals with ASD not meeting eligibility criteria, services only being accessible through Mental Health or Learning Disability routes and no services for those with high functioning ASD were highlighted.

Activity 3 (Service map):
It was acknowledged by all of the above regions that creating a service map fit for purpose and which pleases everyone is a very difficult job. There are huge expectations and what constitutes a good pathway is very subjective. There is also a risk that certain groups will not respond and so not be included in the map. Services for high-functioning and over 25s need targeted.

WORKSHOP 5 – Glasgow
Activity 1 (Local services):
Glasgow workshop delegates cited a large number of social groups / others and a range of interesting activities as locally supportive Autism-friendly environments such as the Glasgow Film Theatre, Linn Park and supportive leisure / sports facilities were mentioned, with a broad awareness of ASD within Glasgow City Council, Glasgow Life Museums. ARC Glasgow and personalised one-to-one support or a support worker providing advocacy were appreciated, as were getting a diagnosis. Other things
which help include access to their own lane in a swimming pool with no music or to exercise facilities not open to the public. Delegates mentioned the importance of having a voice, good schooling and family support post-school, receiving understanding from professionals, independence, being able to achieve and access the same things as people without autism, e.g. study, jobs, whether paid or as volunteers to give self-worth and inclusive environments for employment and social activities, advice in life situations, help to maximise benefits, counselling advice, a place to go for help, appropriate information and support, understanding and being listened to and treated as equals, friends, help to meet others with ASD, structured activities, projects to provide confidence and motivation. A guide through the maze of local services would be appreciated.

Activity 2 (Service gaps):
Glasgow workshop delegates said that generally, local service provision was poor, poorly resourced and advertised with no accessible information and that there is a lack of joined-up working between services. They identified a lack of pre-school autism-specific resources. Funding is short-term, and this impacts on time to consult with service users, parents and carers.

There were five people with autism in the group who spoke about barriers to a meaningful life. In addition to the above, these include lack of awareness or understanding, ignorance, stigmatising and stereotyping people, patronising and condescending attitudes and not recognising and supporting the talents with people with ASD have. Transport is also a barrier, as there can be difficulties facing others but there is no help available to get to places. Some experience having no voice. There are also assumptions that ASD equals poor mental health or having a Learning Disability. Other problems include lack of money and having to cope in sensory environments which are wrong for them regarding noise and light levels.

Activity 3 (Service map)
Most Glasgow delegates thought of the service map as a directory of services and an interactive geographical information service was discussed, which was agreed could be useful but does not lie within the mappers remit.

Autism-friendly services should be included, e.g. community dentists, hairdressers, parks etc. Discussion included basing the Service map on indicators of best practice. There was some consensus around including information on what is good/works and what is not / does not work.

WORKSHOP 6 - Glasgow, East and West Dunbartonshire, Renfrewshire and Lanarkshire

Activity 1 (Local services):
In Glasgow, local supports cited include People First, advocacy, going to football and the Scottish Green Party in Glasgow.

In Inverclyde, a range of supports were identified. Autism-specific supports include a Health Reference Group for Adults with Learning Disability &/or Autism, the National Centre for Autism Studies (Strathclyde University), Young Scotland’s Got Talent (inspiration for young people seeking work), Project Search (an innovative supported employment approach from the USA) and the Adult Autism Team (NHS GG&C Clinical Team), providing Diagnosis, Post-Diagnostic Support and Training. A Carers support group, a befriending service, drama workshops and a Gardening Project at Finlaystone also offer support, as does M8’s UniTe (a sports club for people with ASD in Glasgow).

For Criminal Justice issues, Phil Kennedy, a Forensic Psychologist HMP Greenock & Barlinnie was mentioned. A day centre for adults with learning disabilities, local area coordinators, a Community Learning Disability Team, an Adult Mental Health Service and Inverclyde Integrated Community Teams (Mental Health & Learning Disability) were also mentioned.

In South Lanarkshire, Project Ability (Glasgow-based but inclusive), Routes to Work and the Strathclyde Autistic Society Asperger’s Social Group were mentioned.

In North Lanarkshire, educational supports include Coatbridge College (student group and advocacy group for people with ASD), Chatelherault Outreach Service (ASD-specific training for staff in schools and link work), Motherwell College (variety of opportunities, transition plans) and an early years unit (early bird training, sleep training. The voluntary sector supports include Clan Alba (respite), Ridgepark (transitions & assessment), Hope Airdrie (groups/opportunities/training) and Kudos crafts & cafe). Universal Connections Hamilton (a leisure facility), Partners in Play, North Lanarkshire and Motherwell Library were all considered autism-friendly.

In East Dunbartonshire, educational supports include Castlehill Primary LLP Bearden, Bearsden Academy (best practice in supporting kids with ASD), St. Ninians Academy (Kirkintilloch) &
Merklands School. GG&C NHS provide an Adult Autism Team and local area coordinators are supportive. In terms of leisure support, ENABLE provides activities for children with ASD & LD. Merklands Youth Club is inclusive of all children with ASD & Learning Disabilities (Kirkintilloch). CLASS, a parents’ support group, which also offers activities for children and APHASIC, another parents’ support group were mentioned. Carers Link provides support for Carers and Melia Legal support for guardianship applications.

In West Dunbartonshire, educational supports include Clydebank College and West Dunbartonshire Transition Project. In terms of employability, Prospects NAS, which assists people on the spectrum to move forward and Work Connect were found supportive. Other local supports include Strathclyde Association Asperger’s Society, ME (Adult Autism Team), Cornerstone, who provide short breaks & day opportunities, CAOS, a local community arts organisation, NAS Social Group for young people with ASD and Social Eyes pilot were all mentioned as supportive. In terms of Social Work supports, local area coordinators, the Children with Disabilities team and the Learning Disabilities (adults) team were mentioned.

In East Renfrewshire, the SW transitions team and specific day services (learning disabilities) were found supportive as were the police force and Strathclyde Autistic Society Asperger’s Social Group (East Renfrewshire).

In Renfrewshire itself, 4 schools – Kersland, Clippens, St Anthony’s and St Benedict’s were mentioned as supportive by workshop delegates. Capability Works provides support with employability issues and in terms of housing, local Housing Associations are linked to supportive living opportunities, which are provided by The Richmond Fellowship, Turning Point and others. Social work supports include a Community Network Service, Flexicare (children’s groups), adult groups that are autism aware, statutory day services (Day Opportunities East, Day Opportunities West, Anchor). The Renfrewshire Learning Disability Service, which provides intensive support, was also mentioned. Local voluntary sector supports mentioned include You First Advocacy, S.P.R.E.A.D. Group, Carers Centre, S.T.A.R. Project Voluntary Organisation, plus informal supports such as the South Newton Guiding Association, and local churches (Glenburn Baptist Church, St Peter’s Church). Renfrewshire Leisure Services, Renfrewshire NAS Artism and Renfrewshire Kangaroo Club were named as locally supportive leisure facilities.

Activity 2 (Service gaps)
Due to time constraints, group moved on to Activity 3

Activity 3 (Service map):
Aggregated comments are that the Mapping Project needs longer, and that the Menu of Interventions needs to be linked to this Project. Sharing knowledge/good practice is important. Suggestions included a search engine, which searches local databases and provides detailed information – this would need a process in place to keep updated – ; a Postcode search (like S1play.com), a Service Directory, which would need quality-checked (by mystery shoppers) and an App.
Conclusion / Next Steps

The Scottish Government's Scottish Strategy for Autism is a ten year strategy, with two, five and ten year goals. The Scottish Government plan to hold another Conference in November 2013 to meet Recommendation 9 of the Strategy:

'It is recommended that the ASD Reference Group hosts an event to evaluate and recognise good practice in Scotland to disseminate models of practice, to evaluate success, recognise benefits and limitations and agree how to develop good models across the country in a way that is cost effective'

Sub-group 1 are working with the British Institute for Learning Disability (BILD) to publish a Scottish version of the Good Autism Practice (GAP) journal. This will enable a national knowledge exchange on the subject, raise awareness, encourage the growth of good practice and will have an impact on all Sub-group work and people on the spectrum. The annual conference in November 2013 will link to this work. Local events to further the exchange of good practice are welcomed.

The Scottish Government in partnership with COSLA will continue to work hard through the ASD Reference Group and Sub-group work to ensure the successful and sustainable implementation of the Scottish Strategy for Autism.
Participating Organisations

Organisations represented at the event:
Achievements Bute
Al Scotland
ARC
Argyll Autism Strategy Group
ASD
ASD Co-ordinator
Autism Argyll
Autism Network Scotland
Autism Spectrum Disorders Integrated Network
Barnardos
Camphill Scotland
Cantraybridge
Carers
Central Advocacy Partners
Corbett Centre
Cornerstone
Edinburgh University
Education and Children’s Services, LA, Perth and Kinross
Family Focus
Family members
Fife Council Psychological Service
Intensive Support Service
Into Work
Joint Improvement Team
Learning Disability Service, Renfrewshire
National Autistic Society
Netherton Community Centre
NHS Borders
NHS Forth Valley
NHS Greater Glasgow and Clyde
NHS Lothian
NHS Tayside
Nordoff Robbins Music Therapy
Parents Inclusion Network
R.N.I.B
Scottish Autism
Scottish Consortium for Learning Disability
Scottish Government
Service Users
Shirlie Project
Sign Post
Skills Development Scotland
Stirling Learning Disability Team
Support Workers
The Richmond Fellowship
Thistle Foundation
Triple A
University of Glasgow
University of Strathclyde
Values Into Action
Voluntary Advocacy Orkney
Young Carers and Befriending, Falkirk and Clackmannanshire
PRESENTATIONS

Presentation given by Jean Maclellan, OBE, Head of Adult Care and Support Division, Scottish Government Chair of the ASD Reference Group

Presentations given by Sub-group leaders

Sub-group 1 – Achieving Best Value for Services – Charlene Tait, Scottish Autism

Sub-group 2 – Cross Agency Collaboration and Involvement – Ian Hood, Learning Disability Alliance Scotland

Sub-group 3 – Diagnosis, Intervention and Support – Jane Neil-Maclachlan, NHS Lothian

Sub-group 4 – Wider Opportunities and Access to Work – Richard Ibbotson, Autism Initiatives

Sub-group 5 – Research – Dr Ken Aitken, Ken Aitken Consultancy
The Scottish Strategy for Autism

Summary of recommendations

**RECOMMENDATION 1**

It is recommended that the ASD Reference Group is reconvened on a long-term basis to include COSLA membership to oversee developments and to progress change. It should produce an annual report to relevant Ministers and the political leadership of COSLA.

**RECOMMENDATION 2**

It is recommended that the ASD Reference Group works collaboratively, and offer support, to COSLA, NHS, criminal justice and other relevant public bodies to offer support to Local Authorities to effect the implementation of the various autism guidelines.

**RECOMMENDATION 3**

It is recommended that the ASD Reference Group explores the benefits of ASD lead officers with the Association of Directors of Social Work and with COSLA to establish how rollout across Scotland might best be achieved.

**RECOMMENDATION 4**

It is recommended that the ASD Reference Group meets with representatives of both SCSWIS and HIS, as well as other relevant regulatory bodies, such as those in education and criminal justice, with a view to learning about current developments and ensure that the needs and wishes of those on the spectrum are taking into account in future programmes.

**RECOMMENDATION 5**

It is recommended that Knapp's work on the economic costs of autism is analysed and applied to the Scottish context to inform strategy and planning on what interventions lead to positive impacts both for individuals and for the economy as a whole. Particular attention should be paid to his ‘invest to save’ assertion that if 4% of those with Asperger's were given appropriate support into work this would ultimately mean that those individuals may not require services and could contribute to the economy.

**RECOMMENDATION 6**

It is recommended that the effectiveness of implementation of the Commissioning guidance is reviewed by the ASD Reference Group by facilitating an audit of current service commissioning.

**RECOMMENDATION 7**

It is recommended that the ASD Reference Group commissions research to examine and compare the outcomes in relation to quality of life for those who are supported by autism service providers and individuals who access generic provision and that relevant findings are used to inform revised guidance for commissioners of services for people with ASD.

**RECOMMENDATION 8**

The ASD Reference Group in collaboration with autism service providers will identify the key determinants of service provision that result in improved quality of life for people with ASD, across the spectrum and across the lifespan.
RECOMMENDATION 9

It is recommended that the ASD Reference Group hosts an event to evaluate and recognise good practice in Scotland to disseminate models of practice, to evaluate success, recognise benefits and limitations and agree how to develop good models across the country in a way that is cost-effective.

RECOMMENDATION 10

It is recommended that agencies and services develop a menu of interventions including advice, therapeutic interventions and counselling for children, young people and adults with an ASD, that are appropriate and flexible to individual need. This menu should identify advice and support that is immediately available, and set out the referral and assessment process for all other services and interventions.

RECOMMENDATION 11

It is recommended that consideration is given to the specific supports needed for the more able individuals with ASD.

RECOMMENDATION 12

It is recommended that an evaluation of existing research is commissioned by the ASD Reference Group as well as consideration given to what further research is necessary with a view to disseminating what is available and to the commissioning some pieces that would be of particular practical value to people with ASD and their carers.

RECOMMENDATION 13

It is recommended that the ASD Reference Group explore options for developing user and carer capacity to be able to participate in local planning processes.

RECOMMENDATION 14

It is recommended that the SDS Strategy Implementation Group and the SDS Bill Reference Group ensure representation from the autism community so that their interests are taken into account as further developments take place.

RECOMMENDATION 15

It is recommended that existing reports on the work of Scottish Autism Services Network are formally evaluated with a view to assessing its long-term viability and effectiveness.

RECOMMENDATION 16

It is recommended that the ASD Reference Group contributes to a review of the SIGN guidelines and in doing so, considers where and how best this innovation might be replicated for adults and other relevant professions.

RECOMMENDATION 17

It is recommended that the Training Sub-Group of the main Reference Group is reconstituted and strengthened by the inclusion of an SCLD representative to undertake an audit of existing provision and to take evidence from grass roots trainers with a view to recognising strengths and gaps as well as identifying the means by which to further improve what is on offer.
RECOMMENDATION 18

It is recommended that good practice transition guidance is developed, building on from existing educational guidance, in order to support the lifelong challenges facing people with autism as they make daily and life-stage transitions.

RECOMMENDATION 19

It is recommended that a request is made to NHSQIS, as the body into which SIGN has been integrated, to develop guidelines for evidence-based approaches to the diagnosis and management of ASD in adults.

RECOMMENDATION 20

It is recommended that approaches are made to the Royal College of Physicians and Surgeons to establish the feasibility and desirability of disseminating ASD materials in e-CPD formats.

RECOMMENDATION 21

It is recommended that an assessment of national waiting lists is undertaken to clarify the extent of delays and that the ASD Reference Group considers and responds to these findings.

RECOMMENDATION 22

Initiatives to address waiting lists for assessment should include consideration of further training on the use of ADOS, ADI-R, 3di and DISCO to meet increased levels of demand.

RECOMMENDATION 23

It is recommended that the ASD Reference Group explore the ways diagnostic processes for adults and children are different and how this should inform practice.

RECOMMENDATION 24

It is recommended that the directory of individuals and teams undertaking assessment and diagnosis of ASD in Scotland is reviewed, updated and re-distributed.

RECOMMENDATION 25

It is recommended that a review is conducted with a view to updating and re-distributing the quality diagnostic standard if it is found to continue to be of benefit.

RECOMMENDATION 26

It is recommended that the supported employment framework for Scotland is evaluated in terms of its impact on employment and employability for people with autism.