



# Aberdeen City Autism Strategy

**2019-2022**

Consultation Draft



## Contents

1.	Introduction	Page 3
2.	Our Wider Context	Page 5
3.	Revising Our Strategy & Action Plan	Page 9
4.	Action Plan	Page 17
5.	Governance and Next Steps	Page 29

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## 1. Introduction

### 1.1 Our Autism Strategy

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

The current Strategy & Action Plan is being revised following updated Outcomes and Priorities detailed by Scottish Government in addition to the requirement to ensure our local Strategy & Action Plan for Autism delivers change and improved outcome for the autistic population.

The autistic population face a number of challenges, many of which are based on societal views of what constitutes accepted social norms and behaviours. These social conventions can be exceptionally difficult for an autistic person to navigate, let alone challenge. Autistic people/autists can therefore find it difficult to meet the expectations that are often set for others, finding relationship building and social situations challenging at times, and often taking more time to find their place in the world because the world has not designed to take account of the needs of autistic people/autists. There are many ways in which we can all, collectively, make changes to the way we operate systems, processes and services, which can better take account of the needs of autistic people/autists, and help to improve their outcomes.

### 1.2 What is Autism?

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



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

Many autists have issues with communication, both verbal and nonverbal, e.g., difficulties with interpretation, tone of voice, facial expressions.

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

Many autists experience sensory input in a different way from non-autistic people. Being autistic means that they are more likely to have issues filtering out sensory information which can lead to being overwhelmed.

### 1.3 Our Language

Throughout this document we will use language which is commonly used within Aberdeen. Autism or Autism Spectrum Condition (ASC) will be used when discussing the overall condition. Autistic people/autists will be used when discussing people with a diagnosis of Autism, including Children and Adults. Where there is information specific to the autistic child or adult population this will be stated. The term Carers will be used to describe parents, families and others who classify themselves as undertaking a caring role for adults, when discussing the carers of children parents or families will be used (as appropriate).

### 1.4 Our Vision

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

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



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

The Vision outlined in the Scottish Strategy for Autism continues to underpin our local Strategy:

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

*The Scottish Strategy for Autism Scottish Government 2011*

Through engagement activity local people told us that understanding, and acceptance, of Autism is of key importance, and will lay the building blocks to ensure that services are relevant and appropriate for Autistic People, and where needed support is offered to educate, inform and, if required, challenge practice to ensure this vision is fully promoted.

## 2. Our Wider Context

### 2.1 Developing our Autism Strategy

In 2011, The Scottish Government launched a Scottish Strategy for Autism, with the recommendation that each local area produce a localised Strategy & Action Plan. In 2014 Aberdeen City produced its local 10-year Autism Strategy & Action Plan.

The national Strategy was written to consolidate a number of initiatives centred on Autism into a strategic document which aimed to address the entire autism spectrum and the whole lifespan of autistic people in Scotland. The Strategy produced 26 recommendations centered on either consolidating existing practice or improving practice. Subsequent documentation was also published to further define the outcomes and priorities for the Strategy.

In early 2018 the Scottish Government consulted on and launched a revised set of Outcomes and Priorities for Autism. Our Aberdeen City Strategy & Action Plan is now also being revised. This revised Strategy & Action Plan considers changes nationally and locally, as well as acknowledging the challenges faced in implementing the original Strategy & Action Plan. It is intended that by ensuring the revised documents are meaningful to and reflective of local people's views, that we can collectively produce a realistic, achievable and sustainable Strategy & Action Plan for Autism within Aberdeen



City. The national Strategy runs until 2021. The Aberdeen Strategy will be in operation for 3 years, from 2019-2022. This allows for a period to review our local Strategy & Action Plan in line within any national changes, which may include a new national Strategy for Scotland in 2021.

Within this document we will summarise the engagement work undertaken to re-develop the Strategy & Action Plan and how we will seek to ensure Autistic People and their families are at the centre of how the Strategy & Plan will be developed, implemented and monitored.

## 2.2 Why do we need a Strategy?

Other than a Strategy being a best practice indicator, as highlighted by Scottish Government within the national Strategy for Autism, it is important to recognise there are other factors to be considered.

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

Using this research in the Aberdeen context enables us to estimate that there is a population of Autistic People in Aberdeen equalling 2368 and of this number 774 have presence of an intellectual disability and 1594 do not.

Currently assessment and diagnostic services are provided to adults where a co-morbidity exists, typically an associated mental health issue or an intellectual disability. Using the prevalence rates we can clearly see that two thirds of the autistic population in Aberdeen do not have such a co-morbidity, and therefore will unlikely have received an assessment or subsequent diagnosis of Autism. This is echoed by anecdotal information regarding the lack of adult diagnosis within Aberdeen.

A sole diagnosis of Autism does not necessitate the provision of formal services by the local authority or Partnership, unless the individual also can be seen to meet the established eligibility criteria. Many autistic people/autists do not have a formal diagnosis and are often prevented from accessing relevant health and social care supports, formal or unpaid. As such, there is limited information available as to the general health and wellbeing of this population. Formal commissioned social care services are provided where autistic people/autists also have a co-morbid condition and meet the eligibility criteria. This population can be seen to have more complex or multi-faceted forms of need.



An audit carried out in 2013 (Additional Support for Learning and Young Carers Report to Parliament) states that in Aberdeen City there are 2393 (recorded) children and young people in education who have additional support needs. Of those, 291 are recorded as having autism.

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

Generally, there is greater knowledge and understanding of Autism, with higher media focus on 'autism friendly' or 'relaxed' activities. It can be noted that whilst these may provide awareness or support for some autistic people/autists they do not lend themselves to a greater understanding or acceptance of Autism as a spectrum. There is still a requirement to ensure that awareness equates to knowledge, understanding and a welcoming of autistic people/autists and their varied skills and abilities into all communities and walks of life. As Autism is a spectrum condition it is important to recognise and celebrate the diversity of Autism. The presence of autistic people/autists in employment is still low, whilst there are high numbers of autistic people/autists known to the Criminal Justice System. There is still a noted disadvantage that Autistic People face when accessing universal services.

A local Strategy & Action Plan for Autism will enable challenges and potential solutions to be identified and acted upon, such as the lack of assessment and diagnostic services; the availability of formal commissioned services; and the need to enhance knowledge, understanding and acceptance of Autism.

In 2018 the Scottish Government published a revised set of Outcomes and Priorities for Autism. These have been considered when development the revised local Action Plan.



The outcomes are:

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

The priorities identified attempt to reflect the key issues raised by autistic people/autists, Carers/families and other professionals through a period of engagement. Priorities are aligned with each of the outcomes identified and incorporate actions such as:

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

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

### 2.3 Aberdeen Context

There are a range of local policy and practice documents which are connected to, or should be considered alongside, this revised Strategy. The development of the Health & Social Care Partnership, which supports the provision of services for Adults in Aberdeen City, hold responsibility for a range of related policy documents, such as the Partnership Strategic Plan; Carers Strategy; and the Primary Care Improvement Plan (Action 15). Additionally, there are ongoing work projects which will provide support to autistic adults or families of autistic children, such as the Community Link Worker Programme for General Practices and the Primary Care Psychological Therapy Service.

Recognising that the autistic population have been overlooked in previous strategic developments it should be noted that local and national health and wellbeing outcomes apply to the whole population, including autistic people/autists. It is important in meeting these collective outcomes than the personal experiences and outcomes of autistic people/autists within Aberdeen are also promoted. This Strategy seeks to provide a platform by which these experiences and outcomes can be highlights and used to inform and influence practice.



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

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

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

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

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

### 3. Revising our Strategy & Action Plan

#### 3.1 Good Practice Indicators

The national Strategy sets out ten Good Practice Indicators. These indicators are mapped out in Appendix 2.



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

### 3.2 Strategy Development

The decision to review our local Strategy & Action Plan was linked to the revised set of Outcomes and Priorities for Autism release by the Scottish Government in 2018 (as detailed above). These Outcomes and Priorities formed the basis of engagement work, carried out with autistic people/autists, Parents/Carers, and interested Organisations and Professionals.

To ensure the revision of the Strategy & Action Plan was meaningful to people we held 4 initial conversational events alongside Autism Network Scotland which sought to gather the views of people on the following national outcomes from an Aberdeen perspective:

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

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

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



- Knowledge and Understanding
- Employment

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

A Steering Group has been established to lead on the development and implementation of the Strategy (comprised of Public and Third Sector representatives). From both the initial engagement conversations and the developmental sessions it is clear that this Strategy & Action Plan, and the ongoing implementation, is of interest to autistic people/autists and Parents/Carers (as well as Professionals and Organisations). As such it is hoped that both autistic people/autists and Parents/Carer representatives can join the Steering Group as it enters an implementation focus. The mechanisms for selecting these representatives will be discussed with the relevant groups and may involved specific groups being created or linkage into existing ones.

### 3.3 Key Focus Areas

From the engagement activities with autistic people/autists, Parents/Carers, Professionals and Organisations the 13 key focus areas were identified.

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

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

#### **Assessment and Diagnosis**

Assessment processes for Adults and Children differ in Aberdeen City. For Adults, assessment and diagnostic services in Aberdeen can be provided where a co-morbidity exists, such as Mental Health or Learning Disability in conjunction with Autism but are not necessarily common place. Assessment and subsequent diagnosis for Autism only is not



provided at this time by NHS Grampian, and there can be seen to be a lack of supports in place to provide information/advice in lieu of a formal diagnosis. There is the need to understand the barriers to assessment, which in part are attributed to resource constraint and current/historic practice. A full assessment pathway delivered by trained and competent staff, with details around diagnosis and post diagnostic supports, is desired as this can provide adults within a sense of context and understanding of their neurodiversity. In turn this supports autistic people/autists to develop coping strategies and understand sensory information better.

For Children assessment and diagnostic services are provided, however the waiting times can be long and there is a lack of post-diagnostic support for families. This can be in part attributed to the lack of resources available for assessment and diagnosis but is also reflective of the challenging nature of a spectrum condition to fully assess. Support is crucial for both children, parents and staff (such as within Schools) to fully understand their Autism and the relevant support strategies that can be used effectively. Sometimes Educational supports can be in place with no formal clinical diagnosis, such as support through Educational Psychology and other Additional Support for Learning Services, including the provision of training to staff.

For both children and adults there are a lack of formal services commissioned for Autism. Such services will be required to provide post-diagnostic support and to ensure that where autistic people/autists or their Carers meet the eligibility for social care services, that relevant services are in place or can be provided.

### **Education**

The move to mainstream schooling has resulted in more specialist training and knowledge and understanding being required across more, if not all schools. Some children struggle with the class environment (size, sensory aspects) and/or the curriculum, more flexible approaches are required to ensure support is child-centred, including the consideration of changes in current practice to promote the educational potential of the child. This should include the consideration of flexible spaces (hubs/bases/rooms) within the School environment which support the provision of education to autistic children, the use of sensory friendly spaces where individual and groups can experience the curriculum would be seen as beneficial by many autistic children and families. It is also important to recognise the School also provides well needed opportunities for autistic children to



socialise with both other autistic children and non-autistic children. This enhances a sense of peer support for autistic children but will also support the greater acceptance of Autism and neuro-diversity within society.

Tools such as communication logs and play based learning are positive examples to highlight within Schools but these are not universally in use. Resources and supports at Orchard Brae/Mile End/Bucksburn and Autism Outreach are having positive impact but these are limited resources for all schools to tap into. There is a gap in education for the school population about Autism more generally, better knowledge and understanding may help to alleviate some issues.

### **Transitions**

Transitions are a crucial time, not just from childhood to adulthood, but across the lifespan. Transitions often refer to the process of someone leaving education and entering Adulthood, which may include the provision of formal services. Some autistic children will be receiving formal commissioned services which cease upon entering adulthood, in part due to their availability to support adults and also the eligibility of the young adult to received social care services on an ongoing basis (linkage to Assessment and Diagnosis). It is important that supports for children approaching Transition are being used effectively to smooth the transition from education and explore the options available to each person (such as further education, community activities or employment).

Within Learning Disability services there is a Transitions Team, but not every young adult will experience this resource/support due to their level of need and eligibility. Many families find the process of Transitions challenging and it can prove difficult to gain clear information about the next steps for the young adult. This is in part because they are distinct services, but more could be done to ensure any barriers between the services are removed. Transitions should be geared to the needs of the young person rather than applied because they reach a set age – meaning they should start earlier if required. Clearer information and advice around Transitions are required, even if the young person will receive no formal services when they leave education (post 16/18).

Transitions can also refer to general life transitions such as moving home, finding work and building relationships. It is important to remember transitions beyond education and ensure autistic people/autists are equipped with relevant and effective coping strategies.



## **Support for Carers**

Families (including parents and siblings) require more support to understand ASC and its impact for their family member, including tools and techniques for supporting and communicating with the person. Families are often having to source information themselves rather than being able to build their resilience through readily accessible information. Better communication about local supports and services is required, particularly regarding support for challenging behaviour and support for siblings. Where a family is taking on a caring role they are often struggling to access suitable forms of respite to help them continue in their caring role. Many carers have strong concerns about future needs/services, particularly if they are no longer able to support/care for the person. Carers of autistic adults and children will be able to benefit from the recently launched Carers Act and locally Carers Strategy, including the provision of assessment through a Carers Support Plan, and where eligible, formal services which support their caring role.

## **Housing**

Autistic people/autists may need support to live independently, it is important that the specific housing needs of autistic people/autists (and their families) are considered and supported, including types of accommodation and location and communication methods. Consideration as to the appropriateness of shared accommodation for autistic people/autists should be given, particularly where the level of need is such that the shared aspects of living can be seen to pose communication and sensory difficulties. The availability of training on Autism for Housing Officers would provide support which promotes a person's independence. Some people may require more intensive forms of supported accommodation however currently this is only likely to be provided where a co-morbidity exists and where a person has eligible needs for such services. This is not the general experience of autistic people/autists but is an area for consideration through this revised Strategy.

## **Training**

Training for professional/organisations is required to ensure staff can offer appropriate support for people, considering a person's sensory needs also. Autistic-led training could be better utilised and may aid comprehension and application of training, there are many people and organisations keen to offer this in Aberdeen. Training for autistic people/autists is lacking – such as being able to understand your own



Autism, coping methods and key life skills, including independent travel, social media awareness and building relationships.

### **Information**

Navigating resources to find appropriate and relevant information is hard for people as there is so much information available but it can be difficult to know what to trust. Having a centralised source of information or place to go would help. Information on dealing with practical everyday scenarios is often what people are looking for. People are also looking for better ways to connect with peers and build support networks. Having simplified/different versions of the Strategy e.g. videos, pictorial, flow charts, comics, which are written for the benefit of the individuals and their families would be a positive step.

### **Criminal Justice**

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

### **Health**

Autistic people/autists are entitled to equal access to all forms of Health Services. Some autistic people/autists have negative experiences with health professionals relating to their Autism, but these can also affect their health more broadly (such as not understanding protocols, feeling distrusted, not identifying illness or ill health). There is good practice in some health provision, for example in the explanation of procedures or flexibility in scheduling of procedures/appointments. Sometimes there is a lack of understanding by some health professionals, and there is the need to have greater consistency across the City, including, knowledge and understanding of Autism, Information, use of SIGN guidance and consideration of alternative settings when the clinical environment is not suitable. There is a lack of counselling support which is provided within the context of Autism, given the prevalence of issues such as anxiety, self-harm and suicidal ideation. More suitable counselling support could act as a preventative measure or provide coping mechanisms. Support at an earlier stage, such as with communication difficulties, can have a positive effect for children regardless of the presence of a formal diagnosis. There is also a place for peer support in the understanding and support of good health outcomes, with particular reference to mental health and wellbeing.



### **Leisure/Activities**

Having access to relevant groups/activities is important, being able to access groups that are comprised of autistic people/autists is key. There are lots of local community activities taking place with better awareness of what's available, both universal and more specialist activity. Generally, there is better knowledge and understanding of Autism which helps in feeling able to access leisure/activities, although there are still improvements which could be made. Being part of groups, perhaps with support, does help people by breaking down barriers and feeling more socially included. Some activities which are well suited to children are expensive to access or can be difficult for families to attend (due to location or timing). It is important to recognise that social interactions/skills can take place in a variety of environments through things such as play (board games for example). Support for older autistic people/autists is a gap, it would be good to have greater aspects of peer support available for this aspect of the population.

### **Services**

It is acknowledged that there is a lack of money in the system and therefore a lack of services available. Perhaps a good use of limited money would be to support smaller organisations who can offer support at a lower cost. Offering early intervention supports is crucial, as it is a spend to save approach. Supports should be available on the basis of need, however at times this does not also appear to be the case. However, there are clear priorities and ambitions within documents such as the Partnerships Strategic Plan and Strategic Commissioning Implementation Plan which services/supports for Autism require to be reflective of. It would be good to see decision making groups being more accountable, perhaps having someone with Autism as part of these groups to provide enhanced representation. Staff are fighting the systems/processes too, such as eligibility. It is acknowledged that this is a system rather than individual workers making decisions. The quality of support services are key, even a small number of hours can be used better to support people. There are a lack of services specifically commissioned for Autism. This is in part due to the lack of national organisations with a remit for Autism represented in Aberdeen in addition to a lack of resources for formally commissioned services. It is the aim of this Strategy to redress this by considering supports required by the autistic population in reference to commissioned services. It is envisaged this will have resource implications but will lead to better outcomes for autistic people/autists



### **Knowledge and Understanding**

Knowledge and true understanding of Autism is a theme which is core to many other aspects discussed through this strategy. More knowledge does exist within communities, in part because of localised awareness raising but also national media coverage too (e.g. TV programmes), however these often do not show the diversity or spectrum of Autism. 'Autism Friendly' venues are helping but perhaps language should be altered around this as it should really be about welcoming places. Greater Knowledge and Understanding can still be promoted by focusing on some of the myths or misunderstanding around Autism, for example tics, sensory issues, high functioning, processing time. We are always learning more about autistic people/autists including the diversity of the spectrum. Everyone is different, so it is important to look at the capabilities and skills not just the stereotype. Peer support groups or groups of autistic people/autists play a key role in helping to explore and value the different outlook that Autism can bring to the world.

### **Employment**

Many autistic people/autists want to work and have great skills for the workplace, often the barrier is getting an opportunity to showcase these skills. Employability skills should be more readily taught/explored during education or within other formal supports. Supportive aspects such as work trials, getting the right support at Job Centre, Project SEARCH can be positive for autistic people/autists, but these are not always available options. Often the key is finding the right work environment or one member of staff who can offer support. Increasing knowledge and understanding of Autism in the context of employment would be helpful.

## **4. Action Plan**

13 focus areas were identified through engagement activity. Following this a series of actions were attributed to most of these areas. There are no specific actions identified under Leisure and Activities, as all actions identified have been aligned within areas such as Training, Information, Knowledge and Understanding and Services.

Each action has also been aligned to the national outcomes, as detailed above. This supports the linkage of our local Strategy & Action Plan to work taking place nationally.



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

There is the acknowledgement that resources must be aligned to each action and focus area in order to effect real change. It is important that actions are prioritised to ensure best use of any resources made available. Lead Officers or services will require to be accountable for the implementation of the Action Plan. It is envisaged that this is an area for improvement, and the Strategic Steering Group will look to refine any responsible persons prior to implementation.

The evaluation of the Strategy & Action Plan will also be an area of key importance, ensuring that the delivery of actions is being undertaken but also that they are having the expected or desired impact for autistic people/autists in Aberdeen. The Strategic Steering Group will seek to define evaluation measures and reporting prior to implementation.

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

<b>Assessment and Diagnosis</b>					
<b>What will we do?</b>	<b>When will we have it done by?</b>	<b>How will we know it is working?</b>	<b>Who will be responsible?</b>	<b>Any Associated Focus Areas</b>	<b>Link to national outcomes</b>
Creation of 'autism appropriate' integrated assessment pathways for Adults, acknowledging diagnostic criteria for females differs	Year 3	Pathway will be operational	Aberdeen City Health and Social Care Partnership/ NHS Grampian	Training	A Healthy Life
Provide enhanced clarity on the assessment pathway for Children	Year 1	Information on the Pathway will be readily available	Integrated Children's and Family Services/NHS Grampian		A Healthy Life



Assessment and Diagnosis					
What will we do?	When will we have it done by?	How will we know it is working?	Who will be responsible?	Any Associated Focus Areas	Link to national outcomes
Provision of pre-assessment and post-diagnostic supports including information and signposting – including revision of provision in conjunction with Autistic People such as the CYGNET programme	Year 3	Supports/ commissioning arrangements will be in place	Aberdeen City Health and Social Care Partnership/ NHS Grampian/ Integrated Children's and Family Services/Third Sector		A Healthy Life Independence
Application of Post-Diagnostic Toolbox locally	Year 2	Toolbox will be in use	Aberdeen City Health and Social Care Partnership/ NHS Grampian/ Integrated Children's and Family Services/ Third Sector		A Healthy Life

Education					
What will we do?	When will we have it done by?	How will we know it is working?	Who will be responsible?	Any Associated Focus Areas	Link to national outcomes
Increased knowledge and understanding for School population – including training, information packs, provision of 'safe/quiet' spaces, positive examples, inclusion within	Ongoing	Knowledge and understanding will be increased	Integrated Children's and Family Services/ Autistic People	Training Information	Choice and Control



Education					
What will we do?	When will we have it done by?	How will we know it is working?	Who will be responsible?	Any Associated Focus Areas	Link to national outcomes
the curriculum and life of the School					
Provision of flexible learning environments such as hubs/bases/ rooms which meet the needs of the autistic child	Year 2	Increased use of such environments and greater positive educational outcomes	Integrated Children's and Family Services		Choice and Control
Promote use of Autism Toolbox within all Schools	Ongoing	Awareness and use of Toolbox will be improved	Integrated Children's and Family Services		Choice and Control
Promote use of Children's Support Plan	Ongoing	Awareness and use of Plan will be improved	Integrated Children's and Family Services		Choice and Control Independence
Work with Universities to explore learning opportunities to increase knowledge and understanding of Autism	Year 2	Opportunities will be scoped, and knowledge and understanding will be increased	Aberdeen City Health and Social Care Partnership/ Integrated Children's and Family Services/ Autistic People	Training Knowledge and Understanding Services	Choice and Control

Transitions					
What will we do?	When will we have it done by?	How will we know it is working?	Who will be responsible?	Any Associated Focus Areas	Link to national outcomes
Creation of a consistent and transparent Transitions Pathway – including	Years 1-2	Pathway will be developed and in operation	Transitions Sub Group – Learning Disability Strategy	Information Education Services Health	Choice and Control Active Citizenship Independence



Transitions					
What will we do?	When will we have it done by?	How will we know it is working?	Who will be responsible?	Any Associated Focus Areas	Link to national outcomes
provision of information and signposting					
Promotion of the transitions across the Lifespan national toolkit	Ongoing	Awareness of toolkit will be raised	Aberdeen City Health and Social Care Partnership/ NHS Grampian/ Integrated Children's and Family Services		Choice and Control Active Citizenship
The Principles of Good Transitions 3 will be used as a best practice model (pathway based on this)	Ongoing	Monitoring and evaluation of pathway	Transitions Sub-Group – Learning Disability Strategy	Information Education Services Health	Choice and Control Active Citizenship
Explore expanding the capacity of the transitions team/service	Years 1/2	Scoping will be complete, and recommendations progressed	Aberdeen City Health and Social Care Partnership		Choice and Control
Enhanced consistency of approach between Children's and Adults eligibility/formal support packages	Ongoing	Greater consistency will be in place	Aberdeen City Health and Social Care Partnership/ Integrated Children's and Family Services	Services	Choice and Control Independence



<b>Support for Carers</b>					
<b>What will we do?</b>	<b>When will we have it done by?</b>	<b>How will we know it is working?</b>	<b>Who will be responsible?</b>	<b>Any Associated Focus Areas</b>	<b>Link to national outcomes</b>
Provision of information on the Carers Act and local Carers Strategy, including the rights to receive assessment and Carers Support Plan	Year 1	Information will be available	Aberdeen City Health and Social Care Partnership/ NHS Grampian/ Integrated Children's and Family Services/ Third Sector	Information	Choice and Control
Promote awareness of anticipatory/life planning	Ongoing	Awareness will be raised	Aberdeen City Health and Social Care Partnership/ NHS Grampian	Knowledge and Understanding Information	Choice and Control
Provision of information on support groups, training and information opportunities for Carers	Year 1	Information will be available	Aberdeen City Health and Social Care Partnership/ NHS Grampian/ Integrated Children's and Family Services/ Third Sector	Training Information	Choice and Control

Consultation Draft



Housing					
What will we do?	When will we have it done by?	How will we know it is working?	Who will be responsible?	Any Associated Focus Areas	Link to national outcomes
Promotion of person-centred approaches when looking at accommodation needs of ASC population	Ongoing	Greater knowledge and awareness will exist	Aberdeen City Health and Social Care Partnership	Training	Independence

Training					
What will we do?	When will we have it done by?	How will we know it is working?	Who will be responsible?	Any Associated Focus Areas	Link to national outcomes
Application of NES training framework for Autism – this will provide awareness to enhanced level training, and will be available for all services including Education, Health, Housing and community resources. This will be applied in a way which necessitates Autistic led training methods	Year 2	Framework will be in place	Aberdeen City Health and Social Care Partnership/NHS Grampian Integrated Children’s and Family Services/other national organisation/interested parties	All areas	Choice and Control



Training					
What will we do?	When will we have it done by?	How will we know it is working?	Who will be responsible?	Any Associated Focus Areas	Link to national outcomes
Consideration of the training needs of Autistic People, such as Social Media and managing relationships	Year 3	Training needs will have been explored	Communities of Interest/Third Sector Organisations		Choice and Control

Information					
What will we do?	When will we have it done by?	How will we know it is working?	Who will be responsible?	Any Associated Focus Areas	Link to national outcomes
Create/promote a 'directory of services/support' which will include Peer Support groups and 'relaxed' activities	Year 2	Information will be readily available	Aberdeen City Health and Social Care Partnership/NHS Grampian/Integrated Children's and Family Services/ other national organisation/ interested parties	All Areas	Choice and Control
Provide guidance to Services and Community Resources 'autism appropriate' practices and environments – things to consider/checklist with good practice examples such	Year 2	Checklist will be available	Aberdeen City Health and Social Care Partnership/NHS Grampian/Integrated Children's and Family Services/ Third Sector/ Autistic People	Education Health Services Leisure/ Activities Criminal Justice	Choice and Control



Information					
What will we do?	When will we have it done by?	How will we know it is working?	Who will be responsible?	Any Associated Focus Areas	Link to national outcomes
as Visual Walkthrough tours					
Provide information on ASC within Schools	Year 1	Information will be available	Integrated Children's and Family Services	Education	Choice and Control
Endorse the re-establishment of a 'One Stop Shop' Model with Autistic People central to the information, advice and support given	Year 1	Model will be in operation	Aberdeen City Health and Social Care Partnership/NHS Grampian/ Integrated Children's and Family Services		Choice and Control
Development of Strategy in various forms – in co-production with Autistic People and Families	Year 1	Alternative forms will exist	Strategic Steering Group/Communities of Interest		Active Citizenship Choice and Control

Criminal Justice					
What will we do?	When will we have it done by?	How will we know it is working?	Who will be responsible?	Any Associated Focus Areas	Link to national outcomes
Raise awareness of the Appropriate Adult Scheme including the benefits to Autistic People	Year 2	Awareness will be increased	Aberdeen City Health and Social Care Partnership/ Criminal Justice Services/other national organisations		Choice and Control



<b>Criminal Justice</b>					
<b>What will we do?</b>	<b>When will we have it done by?</b>	<b>How will we know it is working?</b>	<b>Who will be responsible?</b>	<b>Any Associated Focus Areas</b>	<b>Link to national outcomes</b>
Develop links to Supporting Offenders with Learning Disabilities network – as their work is applicable to ASC	Year 2	Links will be made, and awareness raised	Aberdeen City Health and Social Care Partnership/ Criminal Justice Services/ other national organisations		Choice and Control

<b>Health</b>					
<b>What will we do?</b>	<b>When will we have it done by?</b>	<b>How will we know it is working?</b>	<b>Who will be responsible?</b>	<b>Any Associated Focus Areas</b>	<b>Link to national outcomes</b>
Promote use of Care Opinion in aiding the collection of experiences of health services by Autistic People and their families	Year 2	Awareness will be increased	Aberdeen City Health and Social Care Partnership/ NHS Grampian		A Healthy Life
Provide information on suitable counselling type supports with knowledge of ASC and its effects on Mental Health	Year 2	Information will be available	Aberdeen City Health and Social Care Partnership/ NHS Grampian		A Healthy Life
Promotion of SIGN guidance for Autism	Ongoing	Awareness will be increased	Aberdeen City Health and Social Care Partnership/ NHS Grampian		A Healthy Life



Services					
What will we do?	When will we have it done by?	How will we know it is working?	Who will be responsible?	Any Associated Focus Areas	Link to national outcomes
Promotion of person-centred approaches when looking at service needs of ASC population	Ongoing	Through monitoring and review	Aberdeen City Health and Social Care Partnership/ Integrated Children's and Family Services/ Providers of Service	Training	Choice and Control
Information will be provided to clearly demonstrate the thresholds of eligibility for funded services	Year 2	Greater Awareness of eligibility will exist	Aberdeen City Health and Social Care Partnership/ Integrated Children's and Family Services	Transitions	Choice and Control
Provision of services which support autistic people	Year 2-3	Services will be in place/ commissioning arrangements will be identified	Aberdeen City Health and Social Care Partnership/ Integrated Children's and Family Services	All	Choice and Control Independence

Knowledge and Understanding					
What will we do?	When will we have it done by?	How will we know it is working?	Who will be responsible?	Any Associated Focus Areas	Link to national outcomes
Develop, in co-production, promotional work/	Ongoing	Increased knowledge and understanding and acceptance	Aberdeen City Health and Social Care Partnership/ NHS Grampian/ Integrated	All	Independence



Knowledge and Understanding					
What will we do?	When will we have it done by?	How will we know it is working?	Who will be responsible?	Any Associated Focus Areas	Link to national outcomes
campaign to raise community knowledge and understanding, such as promoting the strengths of autistic people and providing information on 'hidden disability'			Children's and Family Services/ Third Sector/ Autistic People		
Consider usage/roll out of Autism Aware/ Alert Card	Year 1	Scoping will be complete, and recommendations progressed	Aberdeen City Health and Social Care Partnership/ NHS Grampian/ Integrated Children's and Family Services/ Third Sector/ Community Resources/ Autistic People	Leisure and Activities Criminal Justice Health Education	Independence
Promotion of a 'autism champion' model within organisations – providing a central resource for more information	Ongoing	Model will be established and promoted	Aberdeen City Health and Social Care Partnership/ NHS Grampian/ Integrated Children's and Family Services/ Third Sector/ Autistic People		Independence



Employment					
What will we do?	When will we have it done by?	How will we know it is working?	Who will be responsible?	Any Associated Focus Areas	Link to national outcomes
Partnership working with organisations/ businesses (e.g. Chamber of Commerce) to promote employment of Autistic People	Ongoing	Knowledge and understanding will be raised	Aberdeen City Health and Social Care Partnership/ NHS Grampian/ Integrated Children's and Family Services/ Third Sector/ Autistic People/ Employment Services	Training Information Knowledge and Understanding	Active Citizenship

## 5. Governance and Next Steps

The revised Strategy & Action Plan is a formal document which is approved by the Health & Social Care Partnership's Integration Joint Board and the Aberdeen City Council's Operational Delivery Committee/Children's Operational Delivery Committee. The Strategic Steering Group which is already established will take a focus on the implementation of the Strategy through the delivery of the content of the Action Plan. Regular reporting structures are in place to ensure that progress is being made in a timely and satisfactory manner, and where issues or blockages arise, these are raised to relevant board and committee for advice or resolution.

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