

(DRAFT)  
NORFOLK  
All Age  
**AUTISM STRATEGY**  
2016-2019

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## INTRODUCTION

The Autism Act (2009), Fulfilling and Rewarding Lives (2010) and the subsequent Implementing Fulfilling and Rewarding Lives (2010) placed a duty on all Local Authorities to produce a strategy for adults with autism. .

Norfolk has chosen to take an all-age approach to its strategy. This will bring together key partners, to ensure commitment and collaborative working across services. Services should work in partnership with autistics and their families, to ensure efficient, timely and appropriate provision suited to individual needs. Gaps in provision should be identified and predicted, therefore ensuring that resources are used wisely and effectively and enabling smoother transitioning from children to adult services, and into older age.

The strategy also covers families, parents and carers, children, young people and adults with autism who are placed out of county and those who have other disabilities or conditions in addition to autism.

Norfolk's All Age Autism Strategy aims to remove barriers to accessing and enabling a fulfilling and rewarding life, including by placing the views, wishes and feelings of autistics at the centre of their personalised planning.

Section A of this document summarises key legislation underpinning this strategy. Section B discusses where Norfolk is now and Section C sets out Norfolk's vision for the future.

### **Terminology used in this document**

Throughout this document the following terms have been used:

- autism - covers the spectrum of autism, including Asperger syndrome, in accordance with the terminology of the Autism Act (2009).
- parents - includes biological, foster and adoptive parents
- people or individuals with autism - means children, young people and adults
- child – as defined by the Children and Families Act as being up to 16yrs old and of compulsory school age. However, in other areas of law, 'child' is a person under the age of 18.
- young person – aged between 16-25yrs old

### **About Autism**

Autistics are as diverse as any other human population. Autistics may have stronger or weaker sensory experiences (e.g. touch, sound, smell, visual, taste), varying abilities towards social communication and interaction, and varying responses to

change. Autistics have generalised skills at the same, lesser or greater degree as any other person, such as:

- Remembering details about subjects of interest
- Holding opinions and being honest when asked for them
- Being enthusiastic when discussing topics of interest
- Having a good memory for detail
- Being methodical

Anxiety disorders or other additional (and often unrecognised) conditions that may adversely affect mental wellbeing may be present in 70% of people with autism of all abilities, including the suggested 50% of autistics that are also considered to have a learning disability. (N.B. the term 'learning disability' should not be confused with 'Special Educational Needs', which is defined in the Children and Families Act 2014)

### **The direction of Norfolk's Strategy**

Within the next three years Norfolk's strategy will ensure:

- Increased awareness and understanding of autism by all organisations, staff and volunteers who work with, and provide services to, anyone with autism, including within the local community.
- The Local Authority, NHS Bodies and NHS Foundation Trust are working together to enable parents to be informed, supported and equipped for their role.
- Clear, accessible and effective diagnostic pathways for children, young people and adults are in place
- Community care assessments and a carers assessments are provided within a timely manner when requested
- Effective planning in relation to the provision of services to people with autism as they move from being children to adults.
- Local planning resulting in the provision of education, health and social care services for people with autism, equal to that of the wider population
- The right support is given at the right time to people with autism throughout their lifetime, including their families/carers, through the continual development of ways of achieving:
  - Better education and health outcomes
  - Being socially and economically active
  - Living in accommodation that meets need and is both in an area and with people of their own choosing
  - Being treated sensitively and appropriately in the criminal justice system

- Satisfaction for both the person with autism and their families with local services

## SECTION A: The national context

### **1. Prevalence of autism**

The exact number of people in the UK who have autism is currently unknown, so estimates must be based on epidemiological surveys. Recent research suggests that people with autism account for 1.1% of the UK population (695,000), with just over one-third of people with a learning disability also having autism<sup>1</sup>.

Males are five times more likely to receive an autism diagnosis, however this may be due to under-identification of females, perhaps due to cultural expectations associated with gender.

### **2. Training of staff who provide services to people with autism**

Training is needed in all areas of the strategy and is overarching.

When professionals understand autism, the positive effects on the individual and their families can be immense. By ensuring that all staff have autism awareness training, they will be better able to identify potential signs of autism and understand how to make reasonable adjustments in their behaviour, communication and services. The benefits of an enabling environment, applies equally to all individuals with autism, regardless of age. Professionals should always have regard to the views, wishes and feelings of the autistic person.

While all staff should have general awareness training as part of their Equality and Diversity training, different levels of specialist training is required for staff in a range of roles. Staff should be able to spot potential signs of autism and make adjustments where necessary. Basic autism training for health and social care staff remains a key requirement. Local authorities are expected to have made good progress in developing and providing specialist training. Training for nursery, school and college staff is essential if the child is going to grow and lead a fulfilling and rewarding life.

Data from the National Audit Office Survey of 2009 showed 80% GPs reporting a need for additional guidance and training.

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<sup>1</sup> The NHS Information Centre, 2012 ([www.ic.nhs.uk](http://www.ic.nhs.uk))



A graduated model of training across education, health and social care.

- General awareness training for all staff, this can be part of their Equality and Diversity training
- Enhanced training for staff who work directly with individuals with autism and for those wishing to specialise further
- Key professionals acting as experts should have specialised autism training
- It is expected that within each area of work, sector or cluster, there is a professional with expert knowledge of autism.
- The Local Authority, NHS bodies and NHS Foundation Trusts should use appropriate communication skills to support and enable a person with autism. Those in posts which directly impact on and make decisions about the lives of autistic people must have demonstrable knowledge and skills regarding autism in their professional areas.
- Local authorities must ensure that any person carrying out a needs assessment under the Care Act 2014 has the skills, knowledge and competence to carry out such an assessment and is appropriately trained. If the assessor is not experienced in autism, the local authority must ensure that that a person with this expertise is consulted<sup>2</sup>

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<sup>2</sup> Care and Support (Assessment) Regulations 2014

[http://www.legislation.gov.uk/ukxi/2014/2827/pdfs/ukxi\\_20142827\\_en.pdf](http://www.legislation.gov.uk/ukxi/2014/2827/pdfs/ukxi_20142827_en.pdf)

### 3. Identification and diagnosis of autism in children, young people and adults.

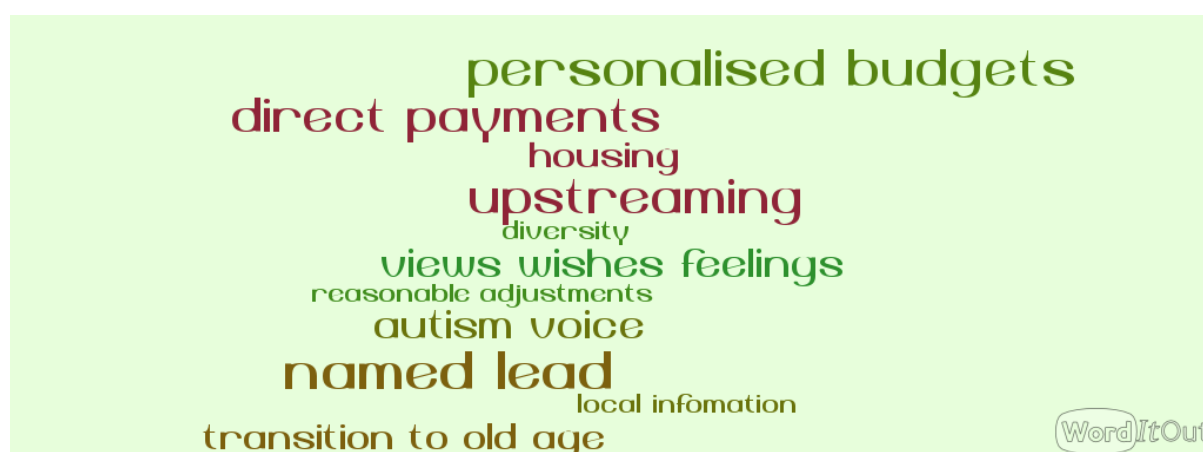
A diagnosis can be an important step in ensuring that support takes into account how autism may affect a person's family, social, educational and work life. They may have had a sense of not fitting in or understanding their responses to situations and social events. They may, or may not have an existing or emerging learning disability, sensory issues or a mental health problem.

Not all people with suspected autism will require further support, but they should have access to a diagnosis if they wish. A diagnosis can be incredibly important for some people and can provide support in school or later in life, for example, if they hit a crisis point. For all people with suspected autism of all ages, there should be a clear pathway to diagnosis.

Local authorities lead the commissioning for care and support services for people with autism. CCGs are expected to take the lead responsibility for commissioning of diagnostic services, and work with LAs to provide post diagnostic support. This is regardless of any accompanying condition.

Diagnosis can be an important step in ensuring support is provided, removing barriers to learning, employment and other activities. Key professionals such as GPs, teachers and mental health practitioners should be aware of the pathway and how to refer into it

### 4. Local planning and leadership in relation to the provision of services for people with autism as they move from being children to adults



Local authorities and NHS bodies should develop commissioning plans for services for those with autism. Autism partnership boards are proven to be a highly effective way of shaping and monitoring local delivery of strategy and guidance. A local



partnership board should bring together different organisations, services, stakeholders, adults and their families, to be meaningful and to set a clear direction for the improvement of services. Health and Wellbeing Boards have a crucial role in overseeing the implementation of the Autism Strategy.

Under the Care Act, local authorities must move to integrate care and support provision, health provision and the provision of other services. Relevant partners must cooperate generally with relevant partners in exercising their care and support functions. These partners may include housing, children's services, public health, NHS, police and probation services.

Local authorities and NHS commissioning bodies should jointly consider those with autism in their Joint Strategic Needs Assessments. It will be necessary to gather local information about:

- the age profile of those with autism locally, to understand how need will change over time;
- the number of adults known to have autism;
- the range of need for support to live independently.

In part, because autism was only recognised in the 1940s and the category of Asperger's in the 1980s, supporting adults as they move into older age has been a neglected area. Diagnostic pathways need to be in place, along with planning for preventative services, especially for those who do not meet criteria for social care. Similar issues around identification and diagnosis is also reported by Black, Asian and minority ethnic (BAME) communities. It is therefore crucial that steps are taken to support BAME communities effectively.

## 5. Preventative support and safeguarding



Preventative support is important for people with autism. Without the correct support they could spiral into mental health crises, requiring expensive and inappropriate placements or they may come into contact with the criminal justice system.

Everyday life events could also create additional stresses, such as moving home, bereavement or workplace relationships. The Care Act places a duty on the local authority to arrange services, facilities or resources or take other steps which they considered will contribute to preventing or delaying the development of care and support needs for adults in their area, as well as the support needs of carers regardless of whether they are eligible for social care.

Preventative support is often broken down into three general approaches - primary, secondary and tertiary. It is important that whatever the level of need, all people with autism can easily access information about what support is available within the local area. It is critical that the care and support system actively promotes well-being and independence, rather than just being responsive during a crisis.

NHS Bodies and NHS Foundation Trusts should ensure that health and care staff who are highly likely to support people with autism are appropriately trained beyond general basic awareness level. They should also ensure that those with autism have equal access to local psychological therapy services. If the services cannot help a person with autism directly arrangements should be made so that other appropriate local services and provide support.

The Mental Health Crisis Care Concordat is a national agreement which sets out how organisations can work together better to make sure people get the help they need when they need it. Local authorities must also work with others to help protect people with care and support needs who may be at risk of abuse or neglect as a result of those needs. However this should not prevent such people from making their own choices and having control over their own lives where possible.

Local authorities must establish a Safeguarding Adults Board as well as a Safeguarding Children's Board.

Local Safeguarding Children Boards (LSCBs) duties include:

- monitoring the effectiveness of local services
- ensuring there is appropriate training in place for persons who work with children or in services affecting the safety and welfare of children.<sup>3</sup>

Safeguarding Adults Boards have three core duties. They must:

- develop and publish a strategic plan setting out how they will meet their objectives and how their member and partner agencies will contribute
- publish an annual report detailing how effective their work has been

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<sup>3</sup> Working Together to Safeguard Children (2015)

- commission safeguarding adults reviews (SARs) for any cases which meet the criteria for these.

The six safeguarding principles are:

- Empowerment: people being supported and encouraged to make their own decisions and give informed consent
- Prevention: it is better to take action before harm occurs
- Proportionality: the least intrusive response appropriate to the risk presented
- Protection: support and representation for those in greatest need
- Partnership: local solutions through services working with their communities – communities have a part to play in preventing, detecting and reporting neglect and abuse
- Accountability and transparency in safeguarding practice

## 6. Reasonable Adjustments and Equality

The Equality Act 2010 (EqA) consolidated and amended existing legislation, placing it under the one umbrella of discrimination law. There are nine 'protective characteristics' which are:

- Age
- Disability
- Gender reassignment
- Marriage and civil partnership
- Pregnancy and maternity
- Race
- Religion or belief
- Sex
- Sexual orientation

Any person, whether autistic or not, may fall in one or more categories. To be considered disabled under the EqA, a person must satisfy the four key elements:

- A person must have a **physical or mental impairment**;
- The impairment must have an **adverse effect on the ability to carry out normal day-to-day activities**;
- The effect is **substantial**, i.e. more than minor or trivial
- The effect is **long term**, i.e. it has lasted at least 12 months and is likely to last for at least another 12 months.

Many but not all autistics are disabled by their autism, or disabled in all situations or at every age. However, they may meet the criteria of being disabled due to something else, such as epilepsy or diabetes.

Due to a lack of understanding among staff in mainstream public services, many people with autism can find the services hard to access. People with autism may also have sensory differences that can be variable in their impact, for example; they may be under or over sensitive to light, smell, touch, taste and noise; they could also

have significant difficulties with communication and struggle with verbal or written language.

Under the EqA all public sector organisations are required to make reasonable adjustments to services with the aim of ensuring that they are accessible to all. The local authority, NHS bodies and NHS foundation trusts must comply with all of the duties that apply to them under the EqA, this also includes the Public Sector Equality Duty (PSED). They must seek to eliminate discrimination (direct and indirect), harassment, victimisation and any other unlawful conduct as well as an advance equality of opportunity between persons. NHS England and CCGs must also have regard to the need to reduce inequalities between patients and respect their abilities to access health services, and reduce inequalities between patients with respect the outcomes achieved for them by the health services being provided.

Reasonable Adjustments is an anticipatory duty, therefore policies should already be in place. Information should be published annually, with equality objectives published at least every four years. It would be good practice to include people with autism when drawing up and reviewing policies.

## **7. Supporting people with complex needs, whose behaviour may challenge or who may lack capacity**

People with autism who also have mental health conditions or behaviours viewed as challenging are entitled to get good quality safe care, whether at home, living in the community in hospital. They should be assessed, treated and cared for in the community wherever possible, and when they need to go into in patient care it should be for the minimum time necessary in a facility close to home. Residential care or assessment and treatment centres should not be in used inappropriately or indefinitely, specialist hospital settings it should only be offered as the last resort.

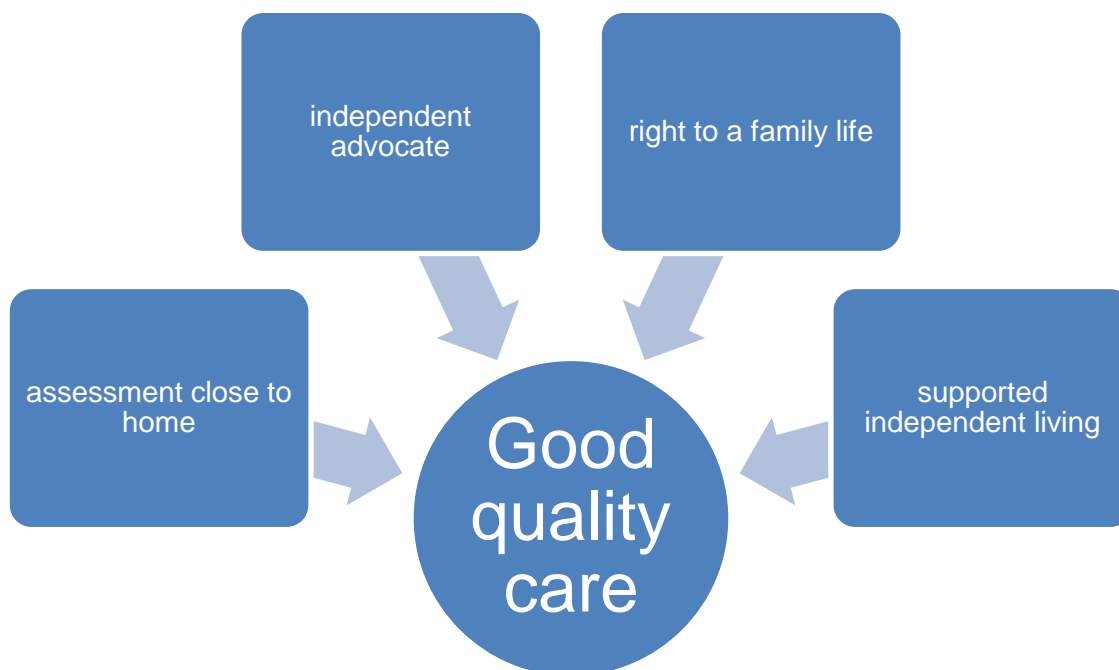
Professionals working with those with autism must be aware of and act within the Mental Capacity Act. Capacity must be assumed unless it is shown that the person lacks capacity, capacity is time and decision specific and must be reassessed as appropriate. If a person with autism is unable to make a decision themselves professionals must consult with the individual's carers and those interested in the individual's welfare (e.g. family) in reaching a "best interests decision".

Local authorities, NHS bodies and Foundation Trusts must:

- Consider how to promote the article 8 rights to a family life including opportunities for friendship and family contact, to a life in the community where possible, and the opportunity to develop and maintain relationships.
- Local authorities must arrange for an independent advocate to be available to represent and support a person with autism for the purpose of facilitating their

involvement in their needs assessment and preparation and review the care and support plan especially where they would have a substantial difficulty in understanding relevant information and communicating their views wishes and feelings.

- Ensure individuals are deprived of their liberty only with appropriate legal safeguards.



## 8. Pre-school, Education, Training and Employment

### Education

Special educational provision for a child under two means educational provision of any kind. The Early Years Foundation Stage (2014), underpinned by the Childcare Act (2006), is an extensive statutory framework governing pre-school and reception class children up to their fifth birthday. Special educational provision for a child aged two or more means education or training provision that is additional to, or different from, that generally found for others of the same age in mainstream schools. Pre-schools, schools and colleges have a legal requirement to have arrangements in place to identify and support children with SEN and disabilities. There are four broad categories of SEN:

- Communication and interaction
- Cognition and learning
- Social, emotional and mental health
- Sensory and/or physical needs.

Children with ASD will fall into the first category and may also fall in some or all of the others. They may also move in and out of categories. Support should take a

graduated approach of assess; plan; do; review. If a child makes less than expected progress, or is only progressing due to high-level sustained input, outside specialists may be consulted with parental agreement, which may lead to a Needs Assessment for an Education, Health and Care plan. Parents may also make a request to the LA for a Needs Assessment themselves. A child or young person is considered to have special educational needs (SEN) if he or she requires special educational provision made for him or her.

'Learning difficulty' is defined as having significantly greater difficulty in learning than the majority of others of the same age.

'Disability' is defined as a condition that prevents or hinders him or her making use of facilities of a kind generally found in mainstream.

A child or young person may fall into either or both categories. They may have difficulties solely related to social communication, through to multiple or severe difficulties/disabilities. Similarly, some may access mainstream schooling easily and others face significant barriers.

The LA has a duty to identify and become responsible for all children or young people who have SEN/D in its area. If the LA forms the opinion that the child or young person *may* have SEN/D and *may* need an Educational, Health and Care plan (EHCP), they *must* undertake an EHC Needs Assessment. No diagnosis of autism is necessary. Those who do not have an EHCP should still have their needs met under the Equality Act (2010) and associated Reasonable Adjustments duties. If a registered pupil (school or other institution) has SEN/D, the appropriate authority (e.g. governing body) must use its best endeavours to secure any special educational provision that is required. It is assumed that all children can attend mainstream school with the right support, unless it is against the wishes of the parent.

Maintained nurseries, schools and Academies (but not Further Education colleges) must produce and publish a SEN Information Report on their website, stating: provision already being made at the school; school policies for identification and assessment; the schools approach to teaching pupils with SEN and; all key information for children with SEN and their parents.

Employment.

Local Authorities must:

- Ensure that participation in employment is a key outcome of support needs, if appropriate, and looks at the ways that any such needs may be met in a way which could support adults with autism to become 'work ready'
- Consider the outcomes an autistic adult wishes to achieve in day-to-day life, and whether the adult would benefit from the provision of anything under section 2 or 4 of the Care Act, or anything that may be available in the

community, to Access to Work for interview support, and to other appropriate benefits and agencies that can help people with autism to find and keep a job.

- Ensure that employment is promoted as a positive outcome for the majority of children and young people with autism who have EHC plans and that routes to employment are fully explored during the reviews of those plans from Year 9 (age 13-14) onwards and included in plans where appropriate. Information on preparing for and finding employment must be included in the local authority's Local Offer under the Children and Families Act 2014.

## **9. Working with the Criminal Justice System, including Youth Offending Teams**

People with autism need access to support whether they are a victim, witness or suspect. It is therefore expected that all professionals working within the criminal justice system will come in contact with a person with autism. Local Authorities, NHS bodies and Foundation Trust can have a key role to play in this support. Currently, individuals with autism, or their carer, often find themselves explaining what having autism means.

The new liaison and diversion standard service specification requires providers to identify a validated screening tool for autism acceptable to NHS England Area Team Health & Justice Commissioners. With the consent of the individual with autism, information gained from this assessment will be shared with relevant key decision makers to enable them to make informed decisions about the person with autism. This information will also assist in making relevant reasonable adjustments.

Liaison and Diversion is an assessment and referral service. While not all those who access this service will not be eligible to have their needs met by the Local Authority, they may benefit from preventative, or information and advice services that the Local Authority has in place.

In addition, victims of crime with autism, as well as those accused of offences, need to be considered in the context of the criminal justice system.

Local Authorities must:

- Assess the care and support needs of adults in prison or other forms of detention and meet those needs if eligible
- Work with prisons and other Local Authorities to ensure that there is continuity of care when the individual is moving between settings, or when they are being released.

## **SECTION B: Where we are now**

### **1. Prevalence of autism**

There is no current way of knowing how many people there are in Norfolk with autism. Norfolk has an estimated population of 877,700<sup>4</sup>, so a crude calculation at the 1.1% population rate would suggest 9,655 people in the county are likely to have autism. Many older people may have autism, but without a diagnosis.

Although not reflective of the complete picture, local data is available from the following sources:

- Children and young people with autism identified as their primary need, where they hold a statement of SEN or an Education, Health & Care Plan (EHCP). It is acknowledged that not all children & young people with autism will hold a statement or EHCP and these numbers are unknown.
- The Norfolk Register of Disabled Children and Young People holds data up to the age of 25. This is a self-referral process where the parent or young person states their diagnosis; this is not checked for accuracy.
- The Adults with Autism Spectrum Disorders (ASD), Public Health Needs Assessment (2013)<sup>5</sup>

### **2. Training of staff who provide services to people with autism**

Training on autism is being provided in Norfolk by a number of organisations and individuals from the private, statutory and voluntary sectors.

Some of the training provided is accredited and will therefore be monitored for quality by the awarding body. Other training is commissioned by Norfolk County Council or the NHS which, through delegate feedback, will be evaluated for quality. However there is also training being delivered in Norfolk which does not have any monitoring for current relevance, quality or accuracy.

### **3. Identification and diagnosis of autism in children, young people and adults**

#### **Children & Young People**

Currently, there are three separate pathways in Norfolk depending on where a family lives. Challenges for Diagnosis of ASD in Norfolk are:

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<sup>4</sup> <http://www.norfolkinsight.org.uk/jsna/population>

<sup>5</sup> www.



- The length of time from referral to diagnosis
- Several different pathways within Norfolk exist
- The current ASD panels consist of professionals from Health and there are commitment difficulties from partner agencies

## **Adults**

At this time, there is only a direct pathway for adults seeking a diagnosis of Asperger Syndrome. Adults seeking an autism diagnosis are sent out of the county.

## **4. Local planning and leadership in relation to the provision of services for people with autism as they move from being children to adults**

### **Transition Planning: Support into Adulthood**

Norfolk County Council (NCC) has a dedicated transition service which supports all young people with Special Education Needs and/or disabilities in preparing for adult life.

NCCs transition support is represented in both the Children's and Adult Services by designated transition workers and a planning pathway which is underpinned by the following three information guides.

- The Norfolk Transition Protocol - a professional's guide to integrated multi-agency working.
- The Transition Pathway for Young People with Additional Needs - which outlines the referral process for adult social care assessments.
- The Essential Users Guide to Transition - a step-by-step guide to the transition process for young people and their families.

These documents form the basis of the transition objectives which apply equally to children and young people with autism and include both those who qualify for Children's or Adult Services as well as those who do not.

## 5. Preventative support and safeguarding

### **Norfolk's Multi- Agency Safeguarding Hub (MASH)<sup>6</sup>**

MASH is at the 'front door' of Norfolk's safeguarding service.

**Norfolk's Local Safeguarding Children Board (LSCB)<sup>7</sup>** is responsible for conducting Serious Case Reviews.

### **Norfolk Safeguarding Adults Board (NSAB)<sup>8</sup>**

NSAB has produced a Strategic Plan 2015 to 2018 which states:

Norfolk learns and improves as part of its processes and is happy to adopt the Local Government Association vision for Safeguarding Boards:

The strategy to support the vision for safeguarding adults in Norfolk over the 3 years 2015 to 2018, embraces the 6 key principles set out in the Care Act 2014.

## 6. Reasonable Adjustments and Equality

All nurseries, schools and colleges should publish and comply with their equality duties.

## 7. Supporting people with complex needs, whose behaviour may challenge, or those who may lack capacity

Since 2005, Norfolk adopted an approach to managing behaviours that challenge known as '**Norfolk Steps**<sup>9</sup>'. Norfolk's Positive Handling Group produced a policy document 'Norfolk Joint Services Policy on Positive Handling Strategies (including restrictive physical intervention) in respect of children and young people with Learning Disabilities and Autistic Spectrum Disorder', which was accepted as good practice by the then Norfolk Area Child Protection Committee (ACPC). This policy document still informs the practice of the LAs Children's Services (including schools) and Health, as well as being recommended guidance for other organisations who work with children. Training in this approach is available to professionals and parents.

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<sup>6</sup> [www.norfolk.gov.uk/mash](http://www.norfolk.gov.uk/mash)

<sup>7</sup> <http://www.norfolkscb.org/>

<sup>8</sup> [www.norfolksafeguardingadultsboard.info/board/nsab-plans/nsab-strategic-plans/](http://www.norfolksafeguardingadultsboard.info/board/nsab-plans/nsab-strategic-plans/)

<sup>9</sup> [www.norfolkscb.org/wp-content/uploads/2015/04/Norfolk-Joint-Services-Policy-on-Positive-Handling-Strategies1.pdf](http://www.norfolkscb.org/wp-content/uploads/2015/04/Norfolk-Joint-Services-Policy-on-Positive-Handling-Strategies1.pdf)

## 8. Pre-school, education, training and employment

Elements that require further discussion are:

- Portage
- School admissions team / appeals
- Help you choose apprenticeships, traineeships, internships
- Develop initiatives, e.g. job coaches

## 9. Working with the Criminal Justice System including Youth Offending Teams

Norfolk Constabulary (NC) has a designated lead for autism and have undertaken some awareness raising with staff about autism. They are currently putting a plan in place to sign up and deliver against the Autism Charter<sup>10</sup>.

Norfolk and Suffolk Police Investigation Centre (PIC) staff use a formal risk assessment process for all detainees arrested. This process is in place to make an early identification of either physical or mental health issues. Staff are alerted to specific signs and symptoms of autism and also have access to the NHS Liaison and Diversion teams who can make further assessments and referrals as required. There is an efficient service for the provision of an appropriate adult for custody processes if required and appropriate adults currently receive autism training.

Prevent<sup>11</sup> referrals are discussed at a multi-agency Channel Panel in both Norfolk and Suffolk, which is the agreed process for managing cases that appear to have a vulnerability to radicalisation. Within that there are checks across the agencies, which includes looking into any diagnoses an individual has that could be relevant to that vulnerability. If autism is identified, the multi-agency panel would need to make appropriate use of the health representatives to agree a way to support the person. Staff within HM Court & Tribunal Service are required to undertake annual compulsory on-line training on disability awareness.

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<sup>10</sup> <http://www.autism-alliance.org.uk/Connect-to-Autism/autism-charter>

<sup>11</sup>

[https://www.gov.uk/government/uploads/system/uploads/attachment\\_data/file/445977/3799\\_Revised\\_Prevent\\_Duty\\_Guidance\\_\\_England\\_Wales\\_V2-Interactive.pdf](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/445977/3799_Revised_Prevent_Duty_Guidance__England_Wales_V2-Interactive.pdf)

## SECTION C: Norfolk's vision for the future

An Autism Partnership Board will be set up and include autistic people and family representatives, as well as statutory services. Autistic and family members will be representing themselves and not the whole spectrum and their families. Consultation on this strategy and action points arising from it should therefore be widely consulted upon.

### **1. Prevalence of autism**

- To integrate data collection held across health and social care so accurate numbers of people in Norfolk with autism are known, their ages, their needs.
- To be updated as needs are identified / changed throughout the person's life time.

### **2. Training of staff who provide services to people with autism**

- Those who work with and support people with autism should be well informed and receive quality appropriate training that is needed to undertake their roles effectively and to empower people with autism, building resilience rather than reliance.
- This will be developed through a toolkit approach.

### **3. Identification and diagnosis of autism in children, young people and adults**

#### Norfolk's Aspirations: Children

- Good early identification and referral for assessment
- All pathways being NICE compliant and using guidance from National Plan for Autism
- Reducing the waiting list times for assessment
- A clear route to assessment and diagnosis for families and professionals

#### Adults

- Anyone wishing to seek a diagnosis, whether for Asperger's or autism, should be able to do this through a clear pathway within set timescales. Whilst seeking a diagnosis and once a diagnosis has been given, they should have access to appropriate support if needed and have their diverse needs recognised and responded to appropriately.

#### **4. Local planning and leadership in relation to the provision of services for people with autism as they move from being children to adults**

- Accurate tracking to personalise support for autistic people throughout their lifespan, with the autistic person at the heart of the process.
- Effective collaboration across agencies, to identify roles and responsibilities, including access to universal services, employment and housing.
- Identification and anticipation of the needs of autistic adults as they move into old age.

#### **5. Preventative support and safeguarding**

- Autistic people should be consulted and included in the development and monitoring of any preventative services and safeguarding, at all levels.

#### **6. Reasonable Adjustments and Equality**

- Easily accessible information, advice and advocacy for those with autism and their families. This should be available in a range of formats and languages.
- Easily accessible information and advice for service providers on their reasonable adjustments and equality duties.

#### **7. Supporting people with complex needs, whose behaviour may challenge, or those who may lack capacity**

- Timely access to advocacy services
- Six monthly Care and Treatment Review (CTR) programme for those who are inpatients or at risk of becoming inpatients at a mental health hospital facility. Reviews will involve Independent Clinical Reviewers and experts by Experience, commissioners, family members and social workers

#### **8. Pre-school, education, training and employment**

- Children's Services Action Plan which includes how they will access and facilitate the voices of autistic children and their families.

#### **9. Working with the Criminal Justice System including Youth Offending Teams**

Norfolk Constabulary aims to have signed up to the Autism Charter and over the next 3 to 5 years ensured that;

- Staff have had an appropriate level of awareness / training for their role
- changes are made to environment / culture
- Policies and procedures are reviewed and amended to reflect the needs of the communities we serve, employees with autism and those that care for someone with autism.

Within the Police Custody setting there is a plan to have 'Autism Champions', to look at sensory issues & environment for those with autism whilst they are in police custody and have autism included in the future vulnerability training for PIC staff.

The progress of the Liaison and Diversion service to date should be considered to look at 24/7 coverage and further engagement with autistic detainees to get their views on how to improve communication/ experience in PICs and with wider community

As a county Norfolk should consider how to better engage Criminal Justice agencies in this process via the All Age Autism Partnership Board. It is clear that the relevance of this work is not always seen by all agencies and this must be rectified.

It is recognised that this is only one aspect of CJS – other services need to consider their role under the Autism Act.