

HAMPSHIRE COUNTY COUNCIL

Decision Report

Decision Maker:	Executive Member for Adult Social Care
Date:	21 September 2012
Title:	Hampshire Autism Strategy for Adults
Reference:	4250
Report From:	Director of Adult Services

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1. Executive Summary

- 1.1. The purpose of this paper is to seek endorsement for the inter-agency Hampshire Autism Strategy for Adults.
- 1.2. This paper seeks to
 - Provide the national and local context for the development of the strategy
 - Describe the outcomes of the three month formal consultation held from 27 February 2012 to 18 May 2012
 - Identify areas where implementation of the strategy will improve the performance of Hampshire County Council
 - Outline the financial implications for implementation
 - Set out the future direction for implementation

2. Background

- 2.1. The Hampshire Autism Strategy for Adults has been developed by the Hampshire Autism Partnership Board (HAPB) led by Hampshire County Council Adult Services. It will take forward locally the commitment to meet the requirements of the Autism Act (2009) and the National Autism Strategy 'Fulfilling and Rewarding Lives' (2010).
- 2.2. A Hampshire Autism Strategy for Children will be developed in 2012/13. The HAPB will support the development of the Children's Autism Strategy and a lifespan approach through the alignment of both strategies across Children's and Adult Services.

- 2.3. People on the autistic spectrum are estimated to be 1% of the population, but nevertheless often 'fall between the gaps' in services. Those with autism and learning disability constitute perhaps 50% of the total and are more often supported by learning disability services, but people with high functioning autism, including Asperger syndrome, may find it more difficult to get the support they need to lead 'fulfilling and rewarding lives'. Services, including mainstream services, are often not well placed to offer skilled and appropriate support for people with autism.
- 2.4. The Hampshire Strategy describes areas where improvements to services are required:
 - Developing consistent clear pathways to a diagnosis of autism
 - Supporting access to health services
 - Access to suitable accommodation
 - Access to education and training
 - Access to work
 - Inclusion in community life
 - Better support to carers and families of people with autism
- 2.5. The Strategy also describes how improvements will be achieved through leadership and governance structures, workforce development and better commissioning.
- 2.6. Hampshire Autism Partnership Board (HAPB), set up in 2010, draws its membership from statutory health and social care services across learning disabilities and mental health. There is also representation from Children's Services, the voluntary sector and people with autism and their carers.
- 2.7. A reference group of service users and carers, Hampshire Autism Voice (HAV), has been developed to support the work of HAPB and this group was central to developing the approach to the pre-consultation events in 2011 and the formal consultation in 2012.
- 2.8. Consultation has been central to the development of the Hampshire Strategy and it reflects the views of stakeholders across Hampshire. Pre-consultation events were held in June/July 2011 to inform the development of the draft Strategy. Six participation events were attended by 137 people. A total of 255 formal responses were received from professionals, people with autism and family members. This gave a rich picture of what was felt to be working and not working in services for children and adults with autism and ensured the involvement of people with autism and their families in the development of the Strategy.
- 2.9. The full report on 'Participation - Have Your Say' can be found at:
<http://www.hants.gov.uk/pdf/autism-participation-report-september2011.pdf>

3. Consultation Arrangements

- 3.1. On 24 February 2012 the Executive Member for Adult Social Care approved the request to go out to formal consultation on the draft Hampshire Autism Strategy for Adults. This ran from 27 February to 18 May 2012.
- 3.2. The purpose of the consultation was to find out whether or not stakeholders and the general public agreed with the Strategy's approach and points of action for improving services for adults with autism in Hampshire. The Hampshire Autism Strategy for Children is in development and thus was not part of this consultation. However issues identified in the consultation will help inform the development of the Children's Strategy.
- 3.3. The consultation was publicised widely. Communications were sent to all known contacts with a connection to autism in Hampshire, including individuals, schools, colleges, Universities, service providers and many organisations.
- 3.4. A questionnaire, developed with the support of Hampshire Autism Voice (HAV), through which people might present their views, was made available in various formats, including easy read. 11 consultation events were held across Hampshire where people could find out about the Strategy and put forward their views. People were also able to submit views on line or by post.
- 3.5. A focus group was held in the New Forest for the gypsy and traveller community, which the Council's Equality and Inclusion team members were pivotal in supporting. Another focus group was held in Havant for people with autism and their families, supported by Hampshire Autistic Society and Family Liaison and Autism Support (FLASH).
- 3.6. NHS Hampshire considered the Draft Strategy through internal governance structures in February 2012. GPs were able to comment via the Clinical Commissioning Groups.

4. Consultation Findings

- 4.1. 116 people responded to the formal consultation. 18 people indicated that they were a person with autism, 5 indicated that they were a person with autism and a learning disability, 47 were carers or parents of a person who has autism and 20 were carers or parents of a person who has autism and a learning disability. 17 worked with people who have autism and 12 worked with people who have autism and a learning disability. Some people fitted into more than one category (for example, a person with autism who is also a parent of a person with person).
- 4.2. The majority were pleased that the Draft Strategy had been developed and made positive comments about it. 73% thought the Strategy contained good plans which could improve things for people with autism.
- 4.3. However, some people were sceptical that the aims of the Strategy would be met. 21 respondents (18%) thought that it would not work unless more money was made available to implement it. There was concern expressed

about the ability to make improvements around the current opportunities for employment and in the availability of housing.

- 4.4. Most people thought the 'we will' action points provided a good way forward. However, some thought the wording in the Strategy was often 'woolly'. They wanted to see more detail on how the 'we will' points would be implemented, by whom and by what date. This is an issue that will be taken forward at the implementation stage.
- 4.5. People made very helpful comments to highlight areas of omission and areas for improvement. Some of the areas of concern were around the recognition that one size does not fit all and people on differing points on the spectrum, and at different points in their lives, can have very varied needs that should be met in very different ways.
- 4.6. People wanted to see more in the Strategy to ensure that there is definite provision of psychiatric and psychological services and therapy for people who have autism, particularly those with high functioning autism/Asperger syndrome.
- 4.7. Comments were also made around the need for more free help with daily living skills and activities for adults with autism (including those who are not currently eligible for state-funded services) so that they too can live fulfilling, productive lives in adulthood.
- 4.8. The full report on the results of the public consultation can be found at: <http://www3.hants.gov.uk/draft-hampshire-autism-strategy-adults.pdf>
- 4.9. Appendix C provides a fuller summary of the findings.
- 4.10. The many valuable comments made have helped to strengthen the final Strategy before its publication in September 2012. There was a wealth of useful suggestions and comments to take forward when action plans are developed against the areas of the Strategy. There were also many comments that will be pertinent to the development of the Children's Strategy.
- 4.11. A small writing group from adult services and health finalised the Strategy incorporating the consultation feedback.

5. Links to the vision for Adult Social Care

- 5.1. The Autism Strategy for Adults reflects the three components of the Hampshire Vision for Adult Social Care 2012 – 2015.
- 5.2. The 3 levels of the adult social care offer are:
 - A universal level, providing services to the wider community to prevent or delay the need for more targeted social care interventions, which may include information and advice and help to people who have not had or who do not want a social care assessment, or who not eligible for support
 - Targeted social care services for those who need immediate safeguarding from abuse, people in crisis and for carers, provided following an assessment, but not means tested and free at the point of delivery.

- A third level of targeted services involving a community care assessment, a financial means test and which will include long term support
- 5.3. It is acknowledged that many people with autism will not meet eligibility criteria for adult social care but can benefit from advice and information and early intervention and prevention through universal services if these services are more autism aware.
- 5.4. Likewise the Strategy addresses the need to improve targeted services for people with autism who may be in crisis or who need long term care and support.
- 5.5. The vision for adult social care incorporates models of partnership working with health and other public sector authorities, and with the voluntary sector. This is an approach reflected in the Autism Strategy.

6. Finance

- 6.1. The Strategy itself is based on a presumption of no additional investment and implementation will not involve project management costs. Implementation will be managed through the existing commissioning resource within Hampshire Adult Services and the NHS. Although there is no additional investment available improvements to services will be based upon a strong evidence base thereby ensuring better outcomes.
- 6.2. The Strategy will also support a joint approach to commissioning thereby gaining the opportunity for better value for money.
- 6.3. There has however been some investment in workforce development training to date. A total of £40,000 has been invested over 2 years for autism training for frontline social care staff and there are now core training courses in the calendar. In addition, HAPB partners developed an e-learning course rolled out in June 2012 which is freely available to all. Mental Health services invested £4,800 in autism training in 2011/12 and £3,300 in 2012/13. A supported learning programme for providers on autism will be available SHIP-wide in November 2012.
- 6.4. The financial impact of an ongoing demand for autism training may be ameliorated by incorporating autism awareness training into core training programmes for staff who carry out assessments.
- 6.5. It is likely there will be an increase in demand for social care assessments over time as diagnostic services operate more consistently and people are referred for post diagnostic support . The Strategy will require organisations to adjust ways of working and to achieve closer working relationships between commissioners and providers and develop a co-production relationship with service users and carers. This may involve training costs and an investment in leadership to achieve the whole system working that will enable responsive and high quality care pathways for people with autism to be achieved.

7. Performance

- 7.1. As indicated nationally and in the Strategy, there is a lack of information about people who are on the autism spectrum in the community. Better diagnosis and a more consistent approach to capturing information will help improve the quality of data. Until these are in place, the lack of data will be a limitation in understanding the level of need, how this need presents and how well services are meeting those needs.
- 7.2. None of the current national returns for adult social care include indicators specific to people with autism. Where those with autism are known to form part of a client group, positive outcomes achieved for them will support overall outcomes for that group. For example, it is known that a proportion of clients with a learning disability will have a diagnosis on the autism spectrum.
- 7.3. In order to try and address this issue the Zero Based Review consultation which is currently being undertaken by the NHS Information Centre proposes that from 2013/14 health condition information is routinely collected and reported for all social care clients. Within the proposed list of conditions Autism and Aspergers has been specifically identified.
- 7.4. With improved recording of autism it will become possible to specifically determine the outcomes for these clients within the Adult Social Care Outcome Framework (ASCOF) measures. Particularly in relation to clients in paid employment, living in settled accommodation and satisfaction levels reported within the National User Surveys.
- 7.5. The Learning Disabilities Observatory, on behalf of the Department of Health, has developed a self assessment framework to monitor progress against delivery of the national strategy which was completed in February 2012. This runs contrary to the Government's stated intention to reduce the burden of national monitoring and will be in addition to any local monitoring, but will provide the necessary management information required to evaluate and improve the services we provide to clients with autism.
- 7.6. Hampshire has completed the self assessment framework which has been published on the autism WebPages of Hantsweb. Please follow this link: <http://www3.hants.gov.uk/adult-services/disability/as-autism/as-autism-strategy-hampshire.htm>
- 7.7. The results of this exercise, which asked for self assessment against RAG ratings (Red/Amber/Green) indicated that Hampshire is making very good progress against the domains in the self assessment.
- 7.8. Further work is planned to improve the performance and management information that is currently collected in relation to our Well Being Services and as part of this work, and where relevant, measures will be developed in relation to autism.
- 7.9. The implementation plan for the Hampshire Autism Strategy for Adults will need to include appropriate measures both to monitor action being taken and to monitor the impact these actions have on the lives of people with autism.

8. Legal Implications

- 8.1. The Autism Act 2009 set out the Government's commitment to improve inclusion and ensure adults with autism are able to participate fully in society, which led to the development of the National Autism Strategy, published in March 2010. The National Autism Strategy stated that local health and social care authorities must develop their own plan for adults with autism by April 2013. Statutory guidance was issued in December 2010 which required that local health and social care areas:
 - a) must provide specialist autism training for key staff, such as GPs and community care assessors.
 - b) cannot refuse a community care assessment for adults with autism based on IQ.
 - c) must appoint an autism lead in their area. In Hampshire this is currently the Director of Integrated Learning Disability Services who chairs the HAPB.
 - d) must develop a clear pathway to diagnosis and assessment for adults with autism.
 - e) need to commission services based on adequate population data. The 2010 refresh of the Joint Strategic Needs Assessment in Hampshire included information on the expected prevalence of autism.
- 8.2. In order to comply with these requirements there is work underway within subgroups of the Hampshire Autism Partnership Board on workforce training, and diagnosis with care pathways.
- 8.3. The development of the Hampshire Strategy, which will be launched in November 2012, is ahead of the national deadline of 2013.
- 8.4. Local authorities have a duty under the Equality Act 2010 section 149 to have due regard to the need to: eliminate discrimination, harassment and victimisation; to advance equality of opportunity between persons who share a relevant protected characteristic and those who do not share it; and foster good relations between persons who share a relevant protected characteristic and persons who do not share it.

9. Equality Impact Assessment

- 9.1. The equality impact assessment evidenced the Hampshire Autism Strategy for Adults as only having a positive impact on the lives of adults with autism. It recognised that the strategy could greatly increase the opportunities for adults to better access services regardless of their disability, faith, gender, race and sexual orientation. It would also increase the opportunities for adults with autism, from all groups, to further develop their social skills, become more involved in their community and reduce their vulnerability to social isolation.
- 9.2. The consultation on the strategy included focused group events to ensure that people from minority and hard to reach groups i.e. people from Black and Minority Ethnic (BME) communities and their carers, to have the

opportunity to provide feedback on the Strategy. The Adult Services Community Development Officers (CDOs), and two senior CDOs were able to disseminate questionnaires and the draft strategy via their networks and community groups. We identified people with autism within local BME communities and established networks to provide opportunities to enable them to participate in the consultation.

- 9.3. Since the consultation the Equality Impact Assessment has been reviewed. Please follow the link: <http://www3.hants.gov.uk/adult-services/adultservices-professionals/as-equality-diversity/as-equality-ia-archive.htm>
- 9.4. The Strategy will also be made available in an easy read version and other formats ie Braille, if required.

10. Future Direction

- 10.1. It is proposed to launch the three year Strategy in early November 2012. It will be published in a full and easy read version, and other formats if required.
- 10.2. Joint working will be essential to the success of implementation. All partners on HAPB will be involved in developing action plans against the areas of the Strategy and current workstreams will be reviewed. Some workstreams, e.g. for carers and for employment, will fall to the responsibility of existing strategic groups working across all care groups in Adult Services to develop services in these areas.
- 10.3. The emerging Integrated Strategic Commissioning Group will enable GPs to be involved in implementation of the Strategy. This group draws its membership from the five Hampshire Clinical Commissioning Groups and Adult Services and reports into the Health and Well Being Board.
- 10.4. The action plans will be reviewed annually and improvement in outcomes for people with autism and their families measured. It will be necessary to benchmark current provision and to develop local performance indicators.
- 10.5. Ongoing development of HAV to support the implementation and review of the Strategy will be required.
- 10.6. HAPB will continue to support the development of the Children's Autism Strategy.
- 10.7. Hampshire Adult Services will, as part of implementation, explore the potential for developing community services to provide information advice and a route to social care assessment for adults who have been diagnosed with high functioning autism/Aspergers syndrome, as this group in particular has difficulty in accessing services.

11. Recommendations

That the Executive Member for Adult Social Care

- 11.1 approves the finalised Hampshire Autism Strategy for Adults;

11.2 approves the future direction for the implementation of the Strategy.

11.3 endorses the proposed launch on 5 November 2012;

CORPORATE OR LEGAL INFORMATION:**Links to the Corporate Strategy**

Hampshire safer and more secure for all:	yes
Corporate Improvement plan link number (if appropriate):	
Maximising well-being:	yes
Corporate Improvement plan link number (if appropriate):	
Enhancing our quality of place:	no
Corporate Improvement plan link number (if appropriate):	

Other Significant Links

Links to previous Member decisions:		
<u>Title</u>	<u>Reference</u>	<u>Date</u>
Hampshire Autism Strategy for Adults	3667	24 February 2012
Direct links to specific legislation or Government Directives		
<u>Title</u>	<u>Date</u>	
Autism Act, Department of Health: The Stationary Office	2009	
Fulfilling and rewarding lives: The strategy for adults with autism in England, Department of Health: Central Office for Information	2010	

Section 100 D - Local Government Act 1972 - background documents

The following documents discuss facts or matters on which this report, or an important part of it, is based and have been relied upon to a material extent in the preparation of this report. (NB: the list excludes published works and any documents which disclose exempt or confidential information as defined in the Act.)

<u>Document</u>	<u>Location</u>
Autism Participation – Have your say! (Pre-consultation responses report)	Elizabeth II Court (West), Winchester http://www.hants.gov.uk/pdf/autism-participation-report-september2011.pdf
Draft Hampshire Autism Strategy for Adults – Tell us what you think! (Formal consultation responses report)	Elizabeth II Court (West), Winchester http://www3.hants.gov.uk/draft-hampshire-autism-strategy-adults.pdf

IMPACT ASSESSMENTS:

1. Equalities Impact Assessment:

- 1.1. The equality impact assessment evidenced the Hampshire Autism Strategy for Adults as only having a positive impact on the lives of adults with autism. It recognised that the strategy could greatly increase the opportunities for adults to better access services regardless of their disability, faith, gender, race and sexual orientation. It would also increase the opportunities for adults with autism, from all groups, to further develop their social skills, become more involved in their community and reduce their vulnerability to social isolation.
- 1.2. The consultation on the strategy included focused group events to ensure that people from minority and hard to reach groups i.e. people from BME communities and their carers, to have the opportunity to provide feedback on the Strategy. The Adult Services Community Development Officers (CDOs), and two senior CDOs were able to disseminate questionnaires and the draft strategy via their networks and community groups. We identified people with autism within local BME communities and established networks to provide opportunities to enable them to participate in the consultation.
- 1.3. Since the consultation the Equality Impact Assessment has been reviewed. Please follow the link: <http://www3.hants.gov.uk/adult-services/adultservices-professionals/as-equality-diversity/as-equality-ia-archive.htm>
- 1.4. The Strategy will also be made available in an easy read version and other formats ie Braille, if required.

2. Impact on Crime and Disorder:

- 2.1. The implementation of the Strategy should have a positive impact on crime and disorder, chiefly due to the need for the criminal justice system to be more autism aware.
- 2.2. More autism awareness in services and in the general public should lead to people with autism having their communication needs and behaviours better understood. This can reduce the likelihood of misinterpretation of behaviours and inappropriate contact with the criminal justice system.

3. Climate Change:

- a) How does what is being proposed impact on our carbon footprint / energy consumption?

There is likely to be a minimal impact on our carbon footprint/energy consumption.

- b) How does what is being proposed consider the need to adapt to climate change, and be resilient to its longer term impacts?

See above in 3a.



Draft Hampshire Autism Strategy for Adults 2012 – 2015

Responses to the February – May 2012 public consultation

Summary Report

**Summary Report by Linda Burgess
Commissioning Officer
Hampshire County Council**

**Resourced from the Responses Report by:
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Contents

Contents	13
Introduction	14
How the consultation was undertaken	14
What people told us	15
Chapter 1: Introduction.....	16
Chapter 2: Diagnosis.....	17
Chapter 3: Health	17
Chapter 4: Housing	17
Chapter 5: Education and Training.....	18
Chapter 6: Work	18
Chapter 7: Community Life.....	19
Chapter 8: Supporting Carers and Families	19
Chapter 9: Making it Happen.....	19
Verbal feedback	20
Conclusion	20

Introduction

Hampshire Autism Partnership Board (HAPB) was set up in 2010 in response to the Autism Act 2009. HAPB developed the Draft Hampshire Autism Strategy for Adults through consultation with people with autism, parents and carers, and staff who work with people with autism within voluntary, independent and public sector organisations. The Draft Strategy was also intended to respond to the central government guidance and legislation and to other priorities that have been agreed locally. Once finalised, the Hampshire Autism Strategy for Adults will form part one of the Hampshire Autism Strategy. The second part, the Hampshire Autism Strategy for Children, is expected in 2013.

How the consultation was undertaken

The consultation on the Draft Hampshire Autism Strategy for Adults took place to find out whether or not stakeholders and the general public agreed with its approach and points of action for improving services for adults with autism in Hampshire. The Hampshire Autism Strategy for Children is in development and thus was not part of this consultation. However issues identified in the Adult consultation will help inform the development of the children's strategy.

The consultation was approved by Hampshire Adult Services Research Development and Governance Panel on in December 2011.

The consultation ran from 27 February 2012 to 18 May 2012. The consultation was publicised widely – communications were sent to all known contacts with a connection to autism in Hampshire, including individuals, schools, colleges, Universities, service providers and many organisations. A questionnaire via which people might present their views was made available in various formats, including Braille and easy read. 11 consultation events were held across Hampshire where people could find out about the Strategy and put forward their views. Two of these events were focus groups; one group was held in the New Forest for the gypsy and traveller community, which the Council's Equality and Inclusion team members were pivotal in supporting. Another was held in Havant for people with autism and their families, supported by Hampshire Autistic Society and Family Liaison and Autism Support (FLASH).

116 people responded to the consultation:

- 23 people indicated that they were a person with autism (5 people also had a learning disability);
- 67 were carers or parents of a person who has autism (20 of whom were carers or parents of people who also had a learning disability);
- 29 worked with people who have autism (12 of whom worked with people who also had a learning disability);

- 14 people categorised themselves as ‘other’; amongst these were siblings, wives, grandparent, person with a learning disability living with a person with autism.

Some people fitted into more than one category (for example, a person with autism who is also a parent of a person with autism).

What people told us

The responses to both the Easy Read and the Standard versions of the questionnaire, inferred that the majority of respondents thought positively about the Strategy and in the overarching question of how people rated the Strategy 73% thought it contained good plans for improving things for people with autism in Hampshire.

Many respondents made positive overall comments to the Draft Strategy:

“Any ideas to help people with autism cope are good. A lot of the ideas I have read about will help lots of people.” (Person with autism)

“Overall when I attended the event I felt that Hampshire is trying really hard and hope you will continue to evolve these services in the same good direction as time goes by. Well done so far.” (Carer/parent of a person with autism)

However, there was some scepticism and many thought that the ideas might not be put into practice and/or that insufficient resources would be allocated. Some expressed the view that the Strategy was too non-specific, i.e. it did not include an implementation/action plan with success measures, dates and allocation of responsibilities and resources. Some wording was deemed ‘woolly’.

Some things people thought were missing from the Strategy. More generally the Strategy needed to recognise that one size does not fit all as people are on differing points on the spectrum, at different points in their lives, can have varied needs that should be met in very different ways.

Table 1 provides the overview of how strongly people agreed or disagreed with the ‘we will’ action points within individual Chapters of the Strategy to improve services for people with autism in Hampshire.

Figure 1: Table for question in the full version of the questionnaire: *'Looking at the Chapters in the draft Strategy, do you agree or disagree that the 'we will' action points are a good way forward to improve services for people with autism in Hampshire?'*

Chapter (excluding Chapter one: Introduction)	Strongly Agree	Agree	Total Percentage Agreeing	Neither agree nor Disagree	Total percentage neither agreeing nor disagreeing	Disagree	Strongly disagree	Total Percentage Disagreeing
<u>Two:</u> Diagnosis	32	26	83%	6	8.5%	5	1	8.5%
<u>Three:</u> Health Services	31	25	81%	4	6%	7	2	13%
<u>Four:</u> Housing	29	21	72%	8	11%	10	2	17%
<u>Five:</u> Education & Training	29	23	74%	11	16%	5	2	10%
<u>Six:</u> Work	29	23	74%	11	16%	6	1	10%
<u>Seven:</u> Community Life	31	26	81.5%	7	10%	5	1	9%
<u>Eight:</u> Carers	31	23	78.5%	7	10%	6	2	11.5%
<u>Nine:</u> Making it Happen	30	26	81%	6	9%	6	1	10%

Chapter 1: Introduction

The Strategy covers all people on the autistic spectrum from age 16 and over. This was not clear to all respondents. A few people thought that there was not much in the Strategy for people with autism and a learning disability. A few thought there was not much for people with High Functioning Autism or Asperger syndrome.

Although a definition is provided in the Introduction as to the meaning of the term 'autism' used within the Strategy, some respondents commented on the need to categorise autism, as it refers to people with or without a learning disability rather than the severity of autism.

Chapter 2: Diagnosis

Some respondents wanted to see in the Strategy a commitment to making more clinical staff available who can diagnose autism, and/or more training for GPs and schools so they can pick up on autism.

A couple of respondents wanted an emphasis put on ongoing diagnosis/assessment as people change and develop rather than just an initial assessment for diagnosis. There was also a suggestion that the first 'we will' bullet point should be strengthened - that 'signposting' would not be enough, people need individual plans and services.

Another request, was for the Strategy to specify that it is a legal right to request an assessment/diagnosis for autism. Also, that post diagnosis support should be available regardless of the time that had passed since diagnosis. This included the provision of post diagnosis support for those who have already been diagnosed but have had no support to date. A one-stop-shop to signpost people who have a diagnosis to all areas of support they might need.

Chapter 3: Health

It was felt that there needed to be more in the Strategy to ensure that there is definite provision of psychiatric and psychological services and therapy for people who have autism.

Engagement with health services over the Strategy was a source of concern for three respondents. They were sceptical that health services would do what the Strategy said without more leverage and that it would be difficult to see real progress in health services without resources being attached to the Strategy.

Chapter 4: Housing

This chapter caused the most dissatisfaction. 12 people (30% of those who answered the question) disagreed or strongly disagreed that the 'we will' action points would improve things. Some people wrote that there is a shortage of appropriate housing and too many people on the waiting lists for social housing and they felt that the Strategy could not improve these things.

Several respondents were unhappy with the aim to 'support people with autism to move from residential care to independent living'. They thought it implied that supported living was the 'right' housing option for people with autism and wanted it made clearer that moving people should only happen if the person with autism wanted it and it had been assessed as appropriate to meet the person's needs.

Several other people, although 66% of whom thought the action points were good, expressed scepticism that the Strategy would change anything in

relation to housing. One commented on why they held this view - because they thought there were too many people on the housing register and that personal budgets were under strain. A few others wrote that the problem with housing, in their view, was lack of suitable provision and unless the shortage of suitable housing was addressed and provision of housing was guaranteed nothing would change.

Chapter 5: Education and Training

Three people found the words 'people with autism need help to make friends and spend time with friends at school and college' in the Easy Read version offensive and one of the three also noted that this statement did not have a 'we will' action point to accompany it. One respondent also wrote that the 'what people told us' points in the Easy Read version of this chapter were not met by the 'we will' points.

Schools and transition

A couple of respondents stressed that it was very important that the Strategy made it clear that more support and planning for people with autism at transition from school to college.

Chapter 6: Work

Some people made positive comments about this chapter. One respondent wrote that they thought this part of the Strategy would help people with autism to get a job. Another respondent wrote that the plans in this chapter were a lot clearer to them and that they understood what will happen. However, they felt that some were still a bit 'woolly' e.g. it was not clear *how* everyone would be supported to get employment advice.

Lack of transport was highlighted as a barrier to obtaining work. Another issue raised was the shortage of jobs.

Several respondents suggested that lack of understanding and awareness amongst mainstream employers as well as an unwillingness to employ or retain people with autism was a major issue that needed to be addressed by the Strategy.

There was a view that voluntary work is as valuable as paid employment and wanted it to be mentioned in the Strategy. There was a request for a one-stop-shop for advice and information and support for voluntary or paid work placements. There was also the need to include in the Strategy sheltered and supported work placements, either as a stepping stone into mainstream employment, or as a permanent necessity for some people.

Chapter 7: Community Life

Social inclusion

One comment of this chapter was that the Strategy used the word 'explore' in respects to the development of schemes rather than 'provide'. The view implied that a scheme might only work if provided by statutory agencies.

In addition, it was viewed that the Strategy should include more free-type support/help with daily living activities for adults with autism (including those who are not currently eligible for state-funded services) so they too can live fulfilling productive lives e.g. help with managing money, help with making friends and meeting people, arranging outings and learning opportunities.

Safeguarding

There was an expressed agreement with the approach outlined in the Strategy as it addressed the biggest problem - people not understanding autism, leading to bullying. There was general comment that the Strategy was good on safeguarding but were sceptical that the 'we will' action points would happen. Some respondents held the view that nowhere was really safe.

Criminal justice system

There was overall a high level of agreement to this section of the chapter.

Chapter 8: Supporting Carers and Families

Several respondent stated that they appreciated the Strategy's intention to provide as much support as possible to carers and families. There was a request that carers and family should be represented on Hampshire Carers Partnership Board as well as on the Personalisation Expert Panel.

Chapter 9: Making it Happen

Leadership and delivery structure

There was support for the leadership that had taken place so far, with recognition that this had enabled the Draft Strategy to be developed.

Some felt there was a need for closer joint working between health, Adult Services and voluntary organisations to make the Strategy happen. It was pointed out by a respondent that autism sits in both Learning Disability Services and Mental Health Services. A couple of respondents thought that it would be important to get someone appointed as a governor to represent autism on the Southern Health NHS Foundation Trust - one suggested the

HAPB try to get someone to do this, the other thought another autism-related society should try.

Developing the workforce

Several respondents emphasised the Strategy's 'we will' regarding training, stating how training and awareness raising for various or all professionals who are in touch with people with autism, including teachers, Jobcentre workers and social workers, is needed. There was particular emphasis on the need for training in the health services.

There were some concerns about the method of delivery of training. A couple of respondents commented that E-learning is only appropriate if people who need to access it are given the time to do so. One thought E-learning was an excellent method but the other did not.

Better commissioning of services

A respondent who felt that the Strategy would not improve things for people with autism thought that the way services are currently commissioned is inadequate and made suggestions on how commissioning might be improved.

Another respondent also supported the argument for emphasising quality of service in the commissioning process, suggesting that the current system focuses on keeping costs to a minimum, forcing people with personal budgets to use cheap support contractors which may put them at risk.

Verbal feedback

Attendees at the Gypsy and Traveller event at Thorney Hill verbally stated felt that, as the pictures focused on people who have visible disabilities, they were not representative of the autism community that have the need for this communication style of document but *do not* have a learning disability. They stated that some people have experienced educational disadvantages of learning i.e. being excluded or withdrawn from school. Some people have learning difficulties (ADHD, dyspraxia etc), hence Easy Read documents are essential. It was voiced that, for these groups who have hidden disabilities, to include only pictures of people with visible disabilities was offensive.

Conclusion

It can be concluded that the majority of respondents thought that the Strategy was good. People made very helpful comments highlighting areas of omission and areas for improvement. There was also some concern that insufficient resources would be available to make it happen. The valuable comments made by the 116 people who responded will be used to strengthen the final Strategy before its publication in September 2012.