National Autism Services Mapping Project

Comhairle nan Eilean Siar Service Map

September 2013

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Contents

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[1] Autism is a lifelong developmental disability that affects how a person communicates with, and relates to, other people and the world around them.
It is a spectrum condition, which means that, while all people with autism share certain areas of difficulty, their condition will affect them in different ways. Aspergers syndrome is a form of autism

[2] Definition of a carer
Throughout this document we use the term "carer" to describe individuals who provides unpaid support to a relative family or friends who has autism. The majority of individuals are parent carers but the term carer also describes other family members such as siblings, grandparents or friends who provide substantial unpaid care.
We use the term support worker to describe individuals providing paid support to individuals with autism

1   Background to the National Mapping Project

The National Mapping Project has been a short term fact finding exercise and analysis of information relating to the delivery of services for individuals with Autism Spectrum Disorder in your area. It is designed to map out existing service provision across Scotland in order to build up a full picture of the national position which will help inform future local decisions on autism co-ordination on who will do what and where, and influence national decisions on the investment of Scottish Government funding for autism in the future.

The Service Map presented below is a snapshot of the situation in your area with regard to the delivery of services for people on the Autism Spectrum. It is predicated on the information collected from the desk research into policies and practice, people we spoke to at the focus groups and the questionnaires completed by individuals in your area. In some areas there was not a full representation of all stakeholders. The corollary of which is that those who did respond will clearly have had an impact on the picture we have drawn.

The Service Map is not the complete story of the services you deliver in your area, those responsible for the delivery infrastructure already in place and service users will both have additional information not recorded here due to the short term nature of the work and reflective of the level of engagement with the Project.

However, together with the national findings and knowledge of your current delivery, it is hoped this service map will help inform the design and delivery of your Autism Action Plans as agreed under Autism Strategy funding to local authorities.

2   Methodology

The Mapping Project gathered information in three ways:

- Desktop research in relation to Data and Strategic Policy
- Online questionnaires for:
  - People living with Autism
  - Carers

  - Statutory providers
  - Service providers

- Workshops with:
  - People living with Autism
  - Parents and carers
  - Multi-agency groups

The Aims of the Workshops were to identify:

People living with autism:

I. To gather experience of people with autism about the places, people and activities that help them have a "meaningful life"
II. Gather information about how the core services contribute to having a meaningful life
III. Gather ideas of what might happen to improve things and what difference that would make

Carers and parents:

I. To have a better understanding of what carers want to see in their local areas
II. To have a better understanding of the local areas and what is making a difference for people living with autism and their families
III. To identify what would make a difference for them

Multi-agency groups:

I. To use the 10 indicators for developing best practice as a baseline for discussion
II. To gather information about how services work in partnership together
III. To explore the depth of partnership working
IV. To provide knowledge about the impact for people with autism, through identifying the challenges and gaps in services

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3   How the service map is organised

From the information gathered throughout this exercise mappers identified a number of recurring themes. It also became apparent that the themes could be arranged under aspects of delivery that individuals talked about. These were: People, Processes, Services, Specialist Services and those issues which were specific to Parents and Carers.

People	Processes	Services	Specific Services	Parents and Carers
Autism Knowledge and Awareness	Carers/Family Support including groups/listening to carers/carers assessment/named person	Advocacy	Autism Specific Services for Children and Adults	Parents/Carers as equal partners
Community and Social Opportunities	Communication and Signposting	Criminal Justice including Police/Autism Alert Card		Carers/Family Support
Environment including sensory	Diagnosis - All aspects	Education/Further Educations – including pre-school/mainstream and autism specific		
Inclusion/ Acceptance of autism	Information/Data Sharing	Employment/Employ ability		
People/ Professionals who understand	Intervention (universal for all services	Housing		
Reasonable adjustments to accommodate autism	Multi-Agency/Partnership/ Pathway, Communication and Co-ordination of services	Respite		
Transport and Rural Issue	Prevention (early intervention) approach	Services - Access/Gaps/perfor mance		
	Autism Planning Structures	Service Responsibility including lack of service for people with Asperger's and high functioning autism		
	Quality of life/Wellbeing/Feeling	Transitions - all major life transitions		
	Training – all aspects For professionals – a framework for training			

For coherence with the Scottish Strategy for Autism the themes have been for the most part organised within the service map according to the Ten Indicators for best practice in the provision of effective Autism Spectrum Disorder (ASD) services as laid out in the Scottish Strategy for Autism.

A particular focus has been offered on issues specific to Parent and Carers and to Quality of Life outcomes for individuals with ASD.

4   Background for your area

- From the Scottish Autism Strategy (2011[3]) it is estimated that prevalence figure for autism in Western Isles going by the population quote on the council website of 26,500 would be 238 based on a prevalence of 90 per 10000. The current figure from the school census of 2012 (Scottish Government 2012) records 38 pupils with autistic spectrum disorder in Western Isles' schools and as the current school population in Western Isles is approximately 3800 (2007) this represents 1 in 100 which would concur with the current estimate of incidence by National Autistic Society. The eSAY (2012[4]) return from Western Isles states there are 19 adults with a diagnosis of autism known to learning disability services.
- There is a Social Communication Team which includes Educational Psychology, Speech and Language Therapy and adult Occupational Therapy team who carry out assessment, diagnosis and intervention across the age range.
- The Assessment Therapy Unit is a partnership between NHS Western Isles and Action for Children and offers services to children with additional support needs and their parents including Occupational Therapy and Speech and Language Therapy.
- There is a Learning Disability Collaborative Project, which is a multiagency team including police, health, Child and Adolescent Mental Health Services, Learning Disability team and adult Mental Health services, education, social work and the third sector, who regularly meet to liaise over individual cases. The Service Improvement Officer is working to develop services for adults with autism.
- The Educational Psychologist is the lead for autism in the area.

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[3] http://www.scotland.gov.uk/Publications/2011/11/01120340/0
[4] http://www.scld.org.uk/esay-2012

5   What we asked and who responded to us

- A desk-based research exercise was carried out into policy in Western Isles across social services, health, education and housing.
- There was a multiagency workshop held with 16 people in attendance. A parent carer workshop was held with 4 parent carers. There were two opportunities for people with autism to take part in a video conference workshop, but no one came forward for this. Action for Children offered to try the workshop activities with children with autism, but this proved too difficult. Two individuals with autism submitted a response via email.
- The low number of participants from Western Isles means that this service map is the briefest of snapshots and the information provided therein anecdotal rather than representational.
- All statistical information given is taken from the national quantitative data from the online surveys, and provides a national picture as a backdrop to the anecdotal information presented from the Western Isles.

Focus Groups	Nos	Questionnaire responses	Nos
Multi-agency	13	Multi-agency	5
Service providers	3	Service providers	1
Parent/Carers	4	Parent/Carers	7
People with autism	2	People with autism	1

6   What people with Autism told us

Key to codes: the following codes indicate the source of the data i.e. if the information has been gathered from the questionnaires or the workshops and from which group.

Please note that where small numbers responded in any area and there was a possibility of identifying an individual, that information has not been directly quoted and has instead been used to ascertain a trend along with other quotes, information or data.

- M for multi-agency workshop
- SAQ for Statutory Agencies Questionnaire
- SPQ for Service Providers Questionnaire
- CQ for Carers questionnaire
- IQ for Individuals questionnaire
- QQ for quantitative data across national responses to questionnaires
- Quotes from individuals are in quotation marks
- P for relevant local policies and/or strategies

	What's working well?	What's not working well?
Quality of Life Outcomes	The benefit of a small community is that it is easier to get support in community activities (M). Having family close by, hobbies to take part in and opportunities for exercise contribute to quality of life, along with taking the medication.	
Community and social opportunities	Some people had support to access social opportunities. Martial arts group had provided social opportunity as well as increasing a sense of being able to keep safe. The majority of swimming pool staff have now been trained in 'Autism awareness for Swimming Environments', and all Western Isles swimming staff will be trained by December,	Some community activities such as swimming are not accessible as the staff do not understand autism. From the national data, of the carers completing these questions, 90% thought children faced social challenges at school, only 50% thought the person they cared had friends in the community and only 34% thought the person was included

	2014. Nationally, there is wide recognition (90% QQ) that social/community opportunities are important and 90% say that support to access social activities is reflected in of care plans (QQ) .	in the community (QQ).
Inclusion/Acceptance of autism	Villages tended to be accepting or at least tolerant even if they do not have understanding of autism. Being included was not about money it was about being with people who are caring .Some people stand up and challenge someone else who expresses a prejudice about autism.	Lack of understanding (CQ)

Areas for improvement – what needs to change?
• More opportunities for involvement in social activities and provide the support needed for the individual (I&CQ). • Carers expressed the hope that the person they care for would be able to reach their potential and be as independent as possible, with support where needed (CQ) • It would be good if people had a better understanding and could encourage the person to do well (CQ)

7   What Parents and Carers told us

The word cloud below represents, proportionately, things Parent/Carers felt contributed to quality of life for the people for whom they cared.

Parent and Carers were asked to score services between poor and excellent. The table below indicates the mean score given by parents where 1 is poor, 2 is satisfactory, 3 is good and 4 is excellent.

Parents and Carers scores for: 'How my area is doing'	
Care and Support response	3
Health response	2.5
Education and Further Education	3
Transitions	2
Employment	No score
Housing and Community Support	3
Criminal Justice Services	3

Specific issues relating to Parents/Carers		
	What's working well?	What's not working well?
Parents/Carers as equal partners	Views of services users and carers are invited in all stages of planning (M&MQ).	
Carers/Family Support including groups/listening to carers/carers assessment/named person	Of the 7 carers responding to the online questionnaires, 5 had no support and 2 had some support. (CQ).	Families reported it was an ongoing battle and that more support was needed (CQ).

Groups were asked to identify three top action points. These varied across groups but have been put in order of priority:

Top three action identified by Parents/Carers
1 Local overnight respite (not off island)
2 More awareness raising
3 Suitable education provision for complex needs

Areas for improvement – what needs to change?
• Involve parents in planning. • More social work support is needed for families.

8   Statutory and Voluntary Services perspective

Agencies attending Focus Groups	Nos
Health	5
Social Work	4
Education	3
Further Education	
Criminal Justice	
Police	1
Employment/Employability	
Housing	
Service Providers	3
Other	

Housing and Further Education were missed from the original invitation list through an oversight. However, both services contributed information via a phone call at a later date.

At the multi-agency meeting, people were asked to indicate local progress with the Strategy for Autism against the 10 indicators in the provision of effective autism services as outlined in the Scottish Strategy for Autism. 1 indicates 'work has not yet begun', 2 is 'made a start', 3 is 'good progress' and 4 is 'completed'. Below is the mean score from the local multi agency groups.

Good practice indicator	Mean score
A local autism strategy	1
Access to training and development	3
A process for ensuring a means of easy access to useful and practical info about autism	2
An ASD training plan	2
A process for data collection	2
A multi-agency care pathway	3
A framework and process for seeking stakeholder feedback	2
Services that can demonstrate that service delivery is multi-agency in focus	3
Clear multi-agency procedures and plans	3
A self-evaluation framework	1

9   A Summary of Findings in relation to the 10 Indicators of Good Practice

The tables below set out the responses from the information gathered from individuals in your area. They are set out under themes or headings which were developed from the national data sets.

Please note:

The following Indicators have been grouped together. The information gathered did not distinguish between the two aspirations:

2.   Access to training and development to inform staff and improve the understanding amongst professionals about autism.

4.   An ASD Training Plan to improve the knowledge and skills of those who work with people who have autism, to ensure that people with autism are properly supported by trained staff.

Similarly the following Indicators have also been grouped together for the reasons outlined above:

7.   A framework and process for seeking stakeholder feedback to inform service improvement and encourage engagement.

10.   A self-evaluation framework to ensure best practice implementation and monitoring.

1.

A local Autism Strategy developed in co-operation with people across the autism spectrum, carers and professionals, ensuring that the needs of people with autism and carers are reflected and incorporated within local policies and plans.

	What's working well?	What's not working well?
ASD Planning structures	There is no local autism strategy in place yet although some agencies such as CAMHS have policies specific to autism (M). There is informal recognition that the Educational Psychologist is taking the lead (MQ). Learning Disability Partnership is looking at the plan for adults (MQ). Nationally, 78% of NHS staff and 92% of other statutory agency staff sought service user feedback (QQ).	Young people with autism are known to services so adult services should be able to plan for young people coming up to adult age (M). Plans for services do not seem to cater for the more complex cases, rather these people are sent off island. Staff working on the ground understand autism but people at management/strategic level do not seem to.

Areas for improvement – what needs to change?
• There is a need for strategic leads to recognise the importance of and engage with the develpoment of the autism strategy plan (M).

2.

Access to training and development to inform staff and improve the understanding amongst professionals about autism.

4.

An ASD Training Plan to improve the knowledge and skills of those who work with people who have autism, to ensure that people with autism are properly supported by trained staff.

	What's working well?	What's not working well?
Training –all aspects. For professionals – a framework for training	Educational psychology service provides extensive training for peers, parents, professionals and individuals with autism (M). This is an ongoing process which is never complete (M). In adult services, training has improved since the Learning Disability Collaborative (M) Health and Education services deliver SPELL training (M). Learning Needs Assessment is an annual audit of training needs (M)	Apart from the particular examples of training given, training is ad hoc and there is not yet a joint training plan (M). Carers and individuals with autism perceive that more training is needed (CQ&IQ).
People/professionals who understand	People who are flexible, tolerant, understanding and are consistent; who understand and are not embarrassed by behaviour. Allied health professionals were good because they	No comment

	were ready to learn alongside the person. Social worker had been really good at listening and providing feedback.

<table>
<tr><td colspan="2">Areas for improvement – what needs to change?</td></tr>
<tr><td colspan="2">There needs to be a cohesive training plan across agencies, both adult and children's services (M&MQ).
The training needs to include training for complex needs (M&MQ&C).
The training should be delivered on a rolling programme and reviewed annually (MQ&SPQ).
People with autism should be involved in delivering training (SPQ).
Parent carers suggested that training of school staff was paramount.</td></tr>
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3.

A process for ensuring a means of easy access to useful and practical information about autism, and local action, for stakeholders to improve communication.

	What's working well?	What's not working well?
Autism knowledge and awareness	Autism Alert Card was a big initiative but more still needs to be done (MQ). One school had gone in to local shop to raise awareness so that the child's behaviour in the shop could be understood.	GP's, staff at A&E and psychiatrists were all put forward as people who may not have awareness of autism (C&SPQ).

	Nationally, appoximately half of service providers thought they had a role in raising awareness (QQ).	
Communication & signposting	The Assessment Therapy Unit at Action for Children makes information available and signposts other services (M). There are leaflets available and information on both the Learning Disability website and the NHS website (M). Person centred approaches to communication are used (MQ&SPQ). People are involved in the development of their plans (MQ). The Social Communication Team provide information and signposting at point of diagnosis, and on an on-going basis from that point.	However, people with autism felt that they needed more information (especailly after diagnosis) (I&IQ).

Areas for improvement – what needs to change?
• There is a need to improve the public's awareness of autism (I&CQ). • There was recognition that if people did not have learning disability, they may not access the Learning Disabilty website, so information had to be made more accessible (M).

5.

A process for data collection which improves the reporting of how many people with autism are receiving services and informs the planning of these services.

	What's working well?	What's not working well?
Information/Data sharing	Different agencies collect data for their own use but this is not shared or collated (M). Nationally, 90% of NHS staff, 94% of other statutory agencies and 87% of service providers said they recorded if service users had autism (QQ).	No comment.

Areas for improvement – what needs to change?
• It was suggested that through the GP was a way that the data could be collated (M) but there would need to be clarity about data sharing protocols (M).
• NAS have the database for the Autism Alert Card, it would be good if that were shared.
• A database of resources is also needed (SPQ).

6.

A multi-agency care pathway for assessment, diagnosis and intervention to improve the support for people with autism and remove barriers.

	What's working well?	What's not working well?
Diagnosis – all aspects	Diagnosis had helped in understanding the person's difference or behaviours and in identifying what might help (CQ&IQ).	Getting a diagnosis was a long slow process, stressful to both person and carer (CQ&IQ).
Interventions (universal) for all services	Speech and Language Therapy, Occupational Therapy and Child and Adolescant Mental Health Service provide a good service.	For individuals with autism waiting for appointments can be stressful. "Sometimes I feel anxious waiting for doctors, dentists and opticians; I find it difficult making conversation with members of the public."
Early Intervention approach	School nurses are alerted that autism may not always be picked up pre-school and therefore should be considered in primary 1 screening (P). Autism awareness training is to be part of early years training plan (P).	Carers reported little or no help pre-school (CQ).
Multi-Agency/Partnership/ Pathway, Communication and Co-ordination of services	A Getting it Right approach is taken to multiagency pathway for assessment and staged intervention. The Social Communication Team take a lead in this (M&MQ&SPQ). There is good multiagency working in the Assessment Therapy Unit (M).	Liaison with out of authority providers is not as good as it might be (M).

Areas for improvement – what needs to change?
- It would be helpful if people were listened to so that there could be an earlier diagnosis (CQ).   - Being able to choose appointments at quiet times would reduce the stress.   - Better trained pre-school staff might lead to earlier diagnosis (CQ).   - Better access to early intervention especially speech and language therapy .   - Getting it Right offers way forward; there is a need for something similar for adults (M).   - More joined up working is needed especially at transitions times (SPQ).   - There is a need to recognise complexity of need in planning process (CQ).

8.

Services that can demonstrate that service delivery is multi-agency in focus and coordinated effectively to target meeting the needs of people with autism.

	What's working well?	What's not working well?
Environment including sensory	The natural environment and open space of the islands is good because there are not many people about and there is lots of space to run and let off steam. For some people the closeness of the local community gave a sense of safety. One family had a SAFE SPACE in their house and school. This had been such an advantage that a child who might otherwise have required residential out of authority care had been able to stay on the island.	Nationally, most (74% QQ) individuals with autism completing the questionnaire reported experiencing sensory difficulties at school; 66% (QQ) of these did not receive any help with that.

Reasonable adjustments to accommodate autism	School bus driver ensures child has all his belongings and listens to all the child's stories.	While staff on the ground are good, at strategic level there is impression that the plans made are for people who are high functioning and that those with more complex needs are not catered for.
Service Responsibility including lack of service for people with Asperger's and high functioning autism	No comment	No comment
Criminal Justice including Police/ Autism Alert Card	The Police had responded well to the Autism Alert Card initiative and those who had experience of the police had found them to be sensitive and helpful (C&I). From the national questionnaires, only 28% of people with autism had Autism Alert Cards and only 6% of those had used it (QQ)	
Education/Further Educations – including pre-school/mainstream and autism specific	Small classes in small schools were seen as beneficial. Staff on the ground were flexible and understood; there was good communication. There was feeling that the educaiton system worked better for children who are high-funcitoning than for those with more complex needs. Teachers are encouraged to access Online Asperger Syndrome Support and Information service (OASIS) (P).	It was reported that the opening of a new school , pupils with complex needs have been moved from mainstream to a 'Learning Centre' which was felt by some to be unsuitable for their needs . In the review of this relocation (2012), teachers agreed with parents that this was not a suitable solution (P). Where education had not been able to meet the need, the child or young person was in residential care or home schooled (CQ&IQ).

	School was enjoyable (I). Individuals who had been at college or at university had found it very enjoyable and had succeeded there. The college work in a person-centred way to meet the support needs of students, involving the Educational Psychologist and Speech and Language Therapist as required (M). Education staff are encouraged to access Autism Education Trust, and the Autism Toolkit websites and resources	Individuals with autism can find it difficult to make friends at college/university.
Employment/ Employability	The people with autism who were in employment found real benefit out of this, being independent financially and doing something he/she enjoyed. The work place was supportive and good for social contact as well as self-esteem (CQ). Nationally, from the questionnaires from people with autism, 33% people were in work, of whom 47% had support and 56% enjoyed their work. (QQ).	There are not enough jobs on the islands so transition into work is difficult. Changes at work can be stressful for people with autism.
Housing	People with autism who had their own accommodation enjoyed the independence that it gave them and the personal alarm was useful in providing a sense of safety . Carers said that housing and occupational therapy worked well together to provide adaptations.	Although people with autism had enjoyed the feeling of independence, moving in one's own accommodation was quite daunting at first. Carers reported that even though when in supported accommodation, quite a lot of support was still need from family carers (CQ).

	The Housing Partnership is developing supported accommodation at Ardseileach (P).

The council is working with ARC to address the housing needs of people with disability living on the islands. NHS, Social Work and other agencies are looking at this strategically in the community health and social care partnership (M). | There is a tendency on the islands for young adults to continue to live at home rather than move into supported accommodation. This can be problematic at a later stage as parents get elderly (M). |
| Respite | | There are currently not enough options for respite .

"There is barely any overnight respite on the islands and accompanying a child to mainland respite was a 22 hour round trip both ways, meaning that there was not much respite in the middle." |
Transport and Rural Issues	There are benefits in small local communities in that professionals in different disciplines know each other (one example is professionals who had known each from being in school together) and so while informal, partnership working and information sharing was facilitated (M).	There are difficulties with recruitment and backfilling if a professional leaves or is off ill, as there is no one to fill the gap (C&CQ).
Autism Specific Services for Children and Adults	The staff in Action For Children are great, tolerant and understanding. It takes a special kind of person to choose to work with special needs .	
Services - Access/Gaps/ performance	People with autism appreciated the help the Local Area Coordinator provided, as well as support from the Learning Disability team and Speech and Language therapist.	When there was a gap in staffing levels whether that was due to vacancies, sickness or case load, meaning that sometimes support was not available until crisis had emerged (C&CQ&IQ).

	In terms of services meeting the need of people with autism, the national picture is that 26% carers said that needs were fully met, 60% partially met and 14% not met (QQ). 66% of service providers were providing a targetted service for people with autism(QQ).	Statutory staff suggested that there is a gap between strategic management and people working on the ground (MQ). There is a need for residential care (CQ).

Areas for improvement – what needs to change?
- Ensuring inclusion at breaktimes was raised as a focus for improvement.   - It would help if people with autism living independently had emergency numbers, people they could contact when they did not know what to do in a situation (CQ).   - Parent carers want to be consulted about what their needs are before a new respite centre is built on the islands.   - Continuity in the main person of contact would be an improvement (IQ).The system was difficult to navigate and having someone to help would be useful (IQ).   - It would help if there was a Local Area Coordinator who specialised in autism(CQ)   - Better access to consistent SW support .   - People with autism thought it would be good to have specialist social groups(IQ), meeting others with autism might provide good ideas   - An autism centre would help individuals, carers, professionals and staff (SPQ).   - Lews Castle College does not have a quiet space currently for students with autism, but this is being looked at (M).

7.

A framework and process for seeking stakeholder feedback to inform service improvement and encourage engagement.

10.

A self-evaluation framework to ensure best practice implementation and monitoring.

	What's working well?	What's not working well?
Advocacy	Advocacy staff are friendly and helpful .	

Nationally, 78% of NHS staff and 92% of other statutory agency staff sought service user feedback (QQ).

In the college, student support do annual self-evaluation and action plan, shared with relevant committees in the college. There will be particular aspects of disability included in that (M).

Areas for improvement – what needs to change?
• Carers are involved in consultations (MQ) and there is some involvement of stakeholders in evaluation but this is not yet systematic (M)   • Evaluation is in pockets currently with no overall self-evaluation plan (M).

9.

Clear multi-agency procedures and plans which are in place to support individuals through major transitions at each important life-stage.

|	What's working well?	What's not working well?
Transitions – all major life transitions	There are various plans and pathways for transitions both single and multiagency (M&MQ&P). Transition should be timely and person centred (P). The importance of engaging with adult services early is recognised (P). There were examples given where transition had been planned to allow a phased transition process with key people either following the child in to the new service, or instigating a good transition (C&CQ. The GP had provided continuity over the transition period in to adult services . Nationally, carers suggested that 66% of destinations post school had been suitable; 45% of people with autism had found the transition difficult; 70% of service providers supported lifelong transitions (QQ).	The transition between children and adult services is not working well (M); it is difficult to get adult services to engage early enough and individuals fall through the gap between services and turn up in crisis later (M). There are not enough opportunities post-school for people (C&CQ). Transition in to secondary can work in terms of academic work, but is harder socially than primary (CQ).

Areas for improvement – what needs to change?
 • Continuity of support over the transition period would be helpful (CQ). • The transition should be planned and phased (CQ). • The process needs to be better coordinated with clearer plans (MQ).

10   Scenarios

During the course of the project the Mapping Coordinators employed a number of case studies to help agencies determine how they worked together with individuals.   Of all the case studies offered four were used more often than others. Below you will find an illustration of one of those case studies with the information extrapolated from across Scotland to give a picture of what is likely to happen. This will be useful in measuring what's happening locally against the information drawn nationally.

To access the results of the case studies double click on the image below and then click on each named case study to review the results. If you are unable to access the PDF through the image please double click on the icon below.

NAS
Scenariosfinal.pdf
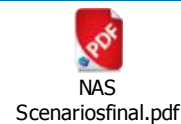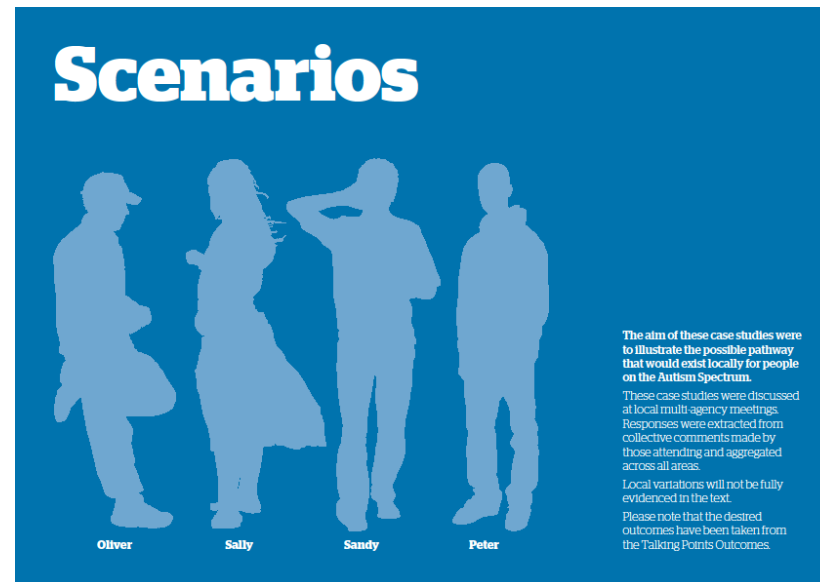
11   Moving Forward

The information presented above, as stated in the introduction, offers a snapshot of the situation in your area with regard to the delivery of services for people with Autism and their families. The Service Map is not the complete story of the services you deliver in your area, However, together with the National findings and knowledge of your current delivery, it is hoped this service map will help inform the design and delivery of your Autism Action Plans as agreed under Autism Strategy funding to local authorities.

The information from the entire National Autism Services Mapping Project, across all local authorities in Scotland, will be gathered together and a full report published. The Scottish Strategy for Autism web site has up to date information on the implementation of the strategy for your information http://www.autismstrategyscotland.org.uk/