

<b>REPORT TO:</b>	<b>Adult Social Services Review Panel</b>
<b>AGENDA ITEM:</b>	<b>8</b>
<b>SUBJECT:</b>	<b>Services for Adults with Autism &amp; Staff Training</b>
<b>LEAD OFFICER:</b>	<b>Paul Greenhalgh, Executive Director, People Department</b>
<b>CABINET MEMBER:</b>	<b>Councillor Louisa Woodley Cabinet Member for Families, Health and Social Care</b>
<b>WARDS:</b>	<b>All</b>
<b>CORPORATE PRIORITY/POLICY CONTEXT:</b>	
This report is framed within the Adult Autism Act 2009 and the associated statutory guidance (updated 2015) and Think Autism – Update on Autism Strategy (DH)	
<b>FORWARD PLAN KEY DECISION REFERENCE NO.:</b> not a key decision	

## **1. RECOMMENDATIONS**

- 1.1 The Adult Social Services Review Panel is recommended to note the content of the report.

## **2. EXECUTIVE SUMMARY**

- 2.1. This report has been produced for the Adult Social Care Review Panel on services for adults with autism and autism awareness amongst staff. The report provides details of prevalence, statutory service provision for adults who have eligible social care needs, services for adults with non-eligible social care needs and future service developments.
- 2.2 The Adult Autism Act 2009 was enacted in 2010 and publication of statutory guidance and a national strategy followed soon after. Whilst the Act gave clear direction as to how services should be improved, developed and implemented no additional funding was provided to resource the Act's implementation.
- 2.3 Croydon has taken a pragmatic approach in the implementation of the Act, enabling the council to improve and develop services and responses within the diminishing available resources. To this end, resources were focussed in specific areas of service provision, commissioning and procurement.
- 2.4 In considering this report the Adult Social Care Review Panel should bear in mind that autism is a "catch all" term and has a wide spectrum on which a person can be diagnosed, ranging from classic autism at one end to Asperger's

syndrome at the other the needs and abilities vary on an individual, case by case basis.

- 2.5 There are two key aspects improving services for people with autism, regardless of their age and point on the spectrum. These are awareness training and accessibility.

### **3. DETAIL**

#### **3.1 Prevalence**

Estimates on the prevalence of autism amongst the population vary. The National Autistic Society estimates that approximately 1:100 of the population could be diagnosed as being on the spectrum (see 2.4) but in reality it could be as high as 1:50.

One factor which is likely to have impacted on the potentially increased prevalence could be greater awareness of the condition. Over recent years teachers, nursery workers and teaching support staff have benefited from greater awareness of autism. Where once a child may have been thought of as “fidgety” or “disruptive” staff have now been trained to look beyond the negative behaviour and consider other traits and other behaviours. In addition, greater understanding and awareness among parents has also contributed to this especially with the plethora of resources and information available on line. As such, the increase in awareness amongst early years staff and parents has resulted in an increase in referrals to specialist services for diagnosis.

Diagnosis amongst the adult population though remains low but steady. In many cases adults tend to be diagnosed only when a crisis has arisen possibly due to a later-life transition or involvement with the criminal justice service.

Improvements to referral and diagnostic pathways for adults are an area where development and improvements need to take place. However, due to the improved identification and diagnosis at an earlier age it is anticipated that the prevalence of undiagnosed autism in adults will diminish.

It should be noted that undiagnosed autism in adults generally occurs amongst those groups who later go on to be diagnosed with Asperger’s Syndrome and by nature tend to be high functioning.

The table below provides an estimate of the prevalence of autism in the borough 2014-20 by age and gender.

Table 1  
PANSI Data

Data for: Croydon					
People aged 18-64 predicted to have autistic spectrum disorders, by age and gender, projected to 2020					
	2012	2014	2016	2018	2020
Males aged 18-24 predicted to have autistic spectrum disorders	290	290	281	275	266
Males aged 25-34 predicted to have autistic spectrum disorders	495	499	511	520	529
Males aged 35-44 predicted to have autistic spectrum disorders	466	464	472	477	482
Males aged 45-54 predicted to have autistic spectrum disorders	464	477	475	470	461
Males aged 55-64 predicted to have autistic spectrum disorders	308	319	340	364	391
<b>Total males aged 18-64 predicted to have autistic spectrum disorders</b>	<b>2,023</b>	<b>2,048</b>	<b>2,079</b>	<b>2,106</b>	<b>2,129</b>
Females aged 18-24 predicted to have autistic spectrum disorders	32	30	29	28	27
Females aged 25-34 predicted to have autistic spectrum disorders	59	59	59	59	59
Females aged 35-44 predicted to have autistic spectrum disorders	55	56	57	58	59
Females aged 45-54 predicted to have autistic spectrum disorders	54	56	57	57	56
Females aged 55-64 predicted to have autistic spectrum disorders	37	39	41	43	46
<b>Total females aged 18-64 predicted to have autistic spectrum disorders</b>	<b>238</b>	<b>240</b>	<b>243</b>	<b>246</b>	<b>248</b>
Figures may not sum due to rounding. Crown copyright 2012					
The information about ASD is based on Autism Spectrum Disorders in adults living in households throughout England: Report from the Adult Psychiatric Morbidity Survey 2007 was published by the Health and Social Care Information Centre in September 2009.					
The prevalence of ASD was found to be 1.0% of the adult population in England, using the threshold of a score of 10 on the report Prevalence of disorders of the autism spectrum in a population cohort of children in South Thames: the Special					
The National Autistic Society states that 'estimates of the proportion of people with autism spectrum disorders (ASD)					
The prevalence rates have been applied to ONS population projections of the 18 to 64 population to give estimated numbers predicted to have autistic spectrum disorder to 2020.					

### 3.2 Approach to commissioning and procurement

Croydon has taken two approaches to commissioning and procurement in regard to autism and can be categorized as commissioning for individual needs and commissioning for general need.

Commissioning for individual need refers specifically macro and micro commissioning of services to support an individual. This would take the form of commissioning a specialist placement provider who has demonstrable skills and track record in being able to deliver a range of accommodation or residential based services for a person with autism and a learning disability; alternatively, a provider may be commissioned to deliver a specific service to an adult with Asperger's syndrome who is experiencing mental ill-health. It is Croydon's practice to commission on "need" rather than on "diagnosis", thereby providing services which respond to the individuals, needs and the required outcomes.

Commissioning for general need applies to how we as a council (including the work of the Integrated Commissioning Unit) have approached embedding good practice in services delivered by our partners and contractors. Consequently, guidance has been provided to commissioners to ensure that the Autism Act is referenced in service specifications and arrangements are put in place in order to monitor how contractors have implemented this requirement (e.g. of staff

training, making reasonable adjustments, etc.).

### 3.3 Service for people with eligible assessed social care needs

As described in 3.1 above, Croydon's approach to commissioning and procurement is one based on need rather than diagnosis. However, there are a range of services which are commissioned to meet eligible need which are autism specific. This includes a range of residential services both in and out of borough as well as community based day opportunity services.

For many, the requirement for a residential care placement is often due to the comorbidity of autism and learning disability. Nationally the number of adults with a dual diagnosis of autism and learning disability accounts for around 30% of the total adult learning disabled population. Consequently, residential services for adults with a learning disability tend to be presupposed working with a customer group with multiple needs. Such services tend provide placements for people who are more likely to have "classic" autism as opposed to being high functioning (ie Asperger's Syndrome).

A similar profile can be found for supported living providers, it tends to be those offering services for adults with a learning disability that are more able to demonstrate their abilities in this area.

In terms of community based day opportunity services there is a slightly different picture. A number of agencies provide specific day opportunity services for adults with autism such as the National Autistic Society and Croydon Care Solutions. Customers in receipt of day opportunity services tend to be those who are higher functioning and have a degree of independent living (ie living with family or in supported living environments). Moreover, services tend to be skill development based – ranging from activities of daily living to behaviour management.

### 3.4 Service Demand – Current and Future

In the most recent guidance for the Adult Service Care Outcomes Framework (ASCOF) local authorities are now required to record the prevalence of autism amongst adults using and accessing services through the Short and Long Term Conditions (SALT) return. This requirement was introduced in 2014 with data being included in the 2015 return.

The recorded prevalence has yet to be published and is not expected to be available until mid-July. However, as this is the first year of recording in this manner it is expected that it will take some time before the prevalence data accurately reflects the population. The guidance states that recording can only take place where there is a formal diagnosis of autism or Asperger's Syndrome and does not report "self-diagnosis". Therefore, with this in mind it is not possible to give an estimate as the current demand for service based on diagnosis alone.

Using the data provided above it is estimated that in 2016 there will be approximately 2,250 people aged 18-64 with an autistic spectrum disorder living in the borough (ref 2.4 above). However, to give a sense of the proportion of this cohort who will be in receipt of some form of service we can use the estimate of 30% of adults with a learning disability being on the

spectrum which would mean that in the region of 500 people would be in receipt of a service.

### 3.5 Outcomes

As in every area of social care outcomes are related to the individual but clearly link with those outcomes expressed in the independence strategy. There are a range of outcomes which both commissioners and providers seek to achieve through their respective areas and are broadly covered in 3.2 above. However, at an individual level listed below are some examples of outcomes which are being achieved:

- Development of social communication skills to assist a person on the spectrum understand the world around them;
- Development of general communication skills to enable a person on the spectrum to communicate effectively their needs and wishes;
- Development of coping skills to assist a person on the spectrum manage situations which do not fit with “their plan”;
- Development of social networks to facilitate socialization and opportunities to meet with others who share similar “special interests”;

### 3.6 Services for people who do not have assessed eligible needs

For many people who do not have assessed eligible needs the availability of information, advice and support is the cornerstone in their ability to remain independent in the community.

The council’s approach to commissioning and procurement is such that it is our expectation that services commissioned and funded by the council are compliant with the Autism Act in terms of accessibility, reasonable adjustments and suitably trained staff.

Croydon has a rich and vibrant community and voluntary sector which continues to grow. Consequently, there are a number of organizations locally which offer support and services to people with autism, their carers and families.

Activities such as youth clubs, adult social clubs, drop in services and family support services are available. Some are free whilst some require a subscription but in the main, are comparable in cost to “main stream” activities such as cubs, scouts, brownies, guides, etc.

### 3.7 Staff training 2011 to 2015

When the Act was introduced a clear area for service development was that of staff training. Whilst many staff within services such as learning disability and mental health had received some training it was by no means across the board for everyone. Training was commissioned within the available resources and as stated above no additional resources were made available through central government to fund developments. A suitably qualified and accredited provider was commissioned to deliver training as follows:

Tier 1 training was aimed at all social care staff and provided grounding on autism, what it is, how it affects people and strategies for communication. This was commissioned in recognition that autism is a condition that can affect anyone and is not just restricted to people with a learning disability for instance. It also paved the way for people attending the tier 2 training.

Tier 2 training was very much developed to support case management staff to enhance their assessment and support planning skills. Through providing greater understanding and awareness of the autistic spectrum and linking this with well-established methodologies such as person centered planning case managers have been able to develop better and more outcome based support plans.

In addition where the need for additional training had been identified by managers and supervisors this has been met through attendance at specialist training events, additional reading, on line training or job shadowing.

### 3.8 Staff training 2015 onwards

In commissioning training for 2015 onwards, consideration was given to the fact that the council needed to expand the skills for all customer-facing staff such as Access Croydon staff, housing staff, etc. Therefore, a programme has been commissioned to be delivered from 2015-16 onwards which will provide the two tier system as described above (but for all relevant staff) and an additional on-line e-learning module.

As well as meeting the learning objectives which have been set out, the provider must also demonstrate that the training has been coproduced by people on the spectrum and must be co-delivered by people on the spectrum.

In the winter of 2014, the Department of Health announced a one off capital grant of £18,500 for local authorities to apply for. Croydon elected to apply for funds to develop an e-learning module on autism which could be accessed by anyone who lives or works in the borough. The e-learning also has to be co-produced by people on the spectrum. The objectives of the e-learning module are to enable the Croydon community develop their awareness in autism and in time develop an autism friendly borough.

### 3.9 Community Involvement

Over the past 12 months there has been a significant change in the amount and type of community involvement. Perhaps one of the most visible methods of involving the community in autism agenda has been the development of a specific webpage on the council's website and the launch of a Facebook page.

The Council's Autism Champion Councillor, supported by the Autism Lead Officer has reconstituted the Autism Reference Group, which has now been renamed the Autism Partnership Group. The Partnership Group meet quarterly and includes representatives from statutory (health, social care, education) and voluntary sector organizations, such as parent support groups, carers and individuals on the spectrum and service providers. The agenda, minutes and related documents are available to the public on the autism webpages.

Service developments which will take place over the coming year will be directed through the work plan of the Autism Partnership Group. The partnership group is charged with prioritizing the areas of development and improvement resulting from the Autism Self Assessment undertaken in the spring of 2015.

Key areas for development are:

- diagnostic pathways;
- information, advice and support;
- awareness and training;
- accessibility of universal services.

#### **4 FINANCIAL AND RISK ASSESSMENT CONSIDERATIONS**

4.1 The content of this report is approved.

Lisa Taylor  
Head of Finance and Deputy S151 Officer

#### **5. COMMENTS OF THE COUNCIL SOLICITOR AND MONITORING OFFICER**

5.1 The Solicitor to the Council comments that there are no legal implications arising from the content of this report.

J Harris Baker, head of social care and education law on behalf of the director of democratic and legal services.

#### **6. HUMAN RESOURCES IMPACT/ EQUALITIES IMPACT/ ENVIRONMENTAL IMPACT/CRIME AND DISORDER REDUCTION IMPACT**

6.1 There are no further human resources implications arising from this report, other than those already stated, ie staff training.

Approved by: Deborah Calliste, HR Business Partner, on behalf of the Director of Human Resources



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CONTACT OFFICER: Simon Wadsworth – Strategic Projects, Integrated Commissioning Unit (on behalf of Croydon Council and Croydon Clinical Commissioning Group).