



Autism Self Evaluation

Local authority area

1. How many Clinical Commissioning Groups do you need to work with to implement the Adult Autism Strategy in your local authority area?

1

Comment

One CCG and one MH/LD CCP for Pan Dorset (3 LAs, Dorset County Council, Borough of Poole and Bournemouth Borough Council).

2. Are you working with other local authorities to implement part or all of the priorities of the strategy?

- Yes
 No

If yes, how are you doing this?

With Poole and Bournemouth LAs, via one Pan Dorset ASC Partnership Board (the "PD ASC PB").

Planning

3. Do you have a named joint commissioner/senior manager of responsible for services for adults with autism?

- Yes
 No

If yes, what are their responsibilities and who do they report to? Please provide their name and contact details.

Paul St Quintin, Senior Commissioning Manager, reports to Head of Service, contact no 01305 224270; p.stquintin@dorsetcc.gov.uk

4. Is Autism included in the local JSNA?

- Red
 Amber
 Green

Comment

There is a special section on autism.

5. Have you started to collect data on people with a diagnosis of autism?

- Red
 Amber
 Green

Comment

A voluntary database has been commissioned and will start operating in September 2013. We have data for people accessing the specialist Aspergers service (CAAS) in the east of the county.

6. Do you collect data on the number of people with a diagnosis of autism meeting eligibility criteria for social care (irrespective of whether they receive any)?

- Yes
 No

If yes, what is

the total number of people?

the number who are also identified as having a learning disability?

the number who are identified as also having mental health problems?

Comment

Adult social care recording systems do not currently identify individuals with ASC. Tackling this is a part of the Pan Dorset ASC Strategy Implementation Plan.

7. Does your commissioning plan reflect local data and needs of people with autism?

- Yes
 No

If yes, how is this demonstrated?

Through the Pan Dorset ASC Strategy and its Implementation Plan.

8. What data collection sources do you use?

- Red
 Red/Amber
 Amber
 Amber/Green
 Green

Comment

Please see Q5 and Q6 above.

9. Is your local Clinical Commissioning Group or Clinical Commissioning Groups (including the Support Service) engaged in the planning and implementation of the strategy in your local area?

- Red
 Amber
 Green

Comment

The Chair of the Pan Dorset ASC Partnership Board (PD ASC PB) is an officer who works for both the CCG and Bournemouth BC. A GP from the CCG sits on the PD ASC PB.

10. How have you and your partners engaged people with autism and their carers in planning?

- Red
 Amber
 Green

Please give an example to demonstrate your score.

Members of Dorset Adult Aspergers Support (DAAS), which is a group for self advocates and family carers across Pan Dorset, are represented on the PD ASC PB (usually two self advocates and two family carers per meeting). Premeetings are held to help DAAS representatives prepare for the main meetings. Family carers from Dorset Parent Carers Council (DPCC) sit on the PD ASC PB.

11. Have reasonable adjustments been made to everyday services to improve access and support for people with autism?

- Red
 Amber
 Green

Please give an example.

Awareness training information and opportunities have been made available to mainstream services but there is more work to be done in this area.

12. Do you have a Transition process in place from Children's social services to Adult social services?

- Yes
 No

If yes, please give brief details of whether this is automatic or requires a parental request, the mechanism and any restrictions on who it applies to.

There is a comprehensive process to identify young people who are making the transition to adult services

13. Does your planning consider the particular needs of older people with Autism?

- Red
 Amber
 Green

Comment

Specialist training is planned for staff in community mental health teams (CMHTs), and hopefully after that older person's teams, but this has not yet been delivered. Basic awareness training is available to all staff.

Training

14. Have you got a multi-agency autism training plan?

- Yes
 No

15. Is autism awareness training being/been made available to all staff working in health and social care?

- Red
 Amber
 Green

Comment: Specify whether Self-Advocates with autism are included in the design of training and/or whether they have a role as trainers. If the latter specify whether face-to-face or on video/other recorded media.

The Training Plan is the Training workstream within the PD ASC Strategy implementation Plan. Self advocates were involved in developing the basic awareness training (available to all via the website).

16. Is specific training being/been provided to staff that carry out statutory assessments on how to make adjustments in their approach and communication?

- Red
 Amber
 Green

Comments

Training is planned for CMHT staff in 2013/14. It is hoped to roll this out to generalist adult social care teams after that. Basic ASC awareness training is available to all staff via the website.

17. Have Clinical Commissioning Group(s) been involved in the development of workforce planning and are general practitioners and primary care practitioners engaged included in the training agenda?

- Yes
 No

Please comment further on any developments and challenges.

The CCG is involved via GP representation on the PD ASC PB. Specialist training has been delivered to some GPs by the Community Adult Aspergers Service (CAAS). A table summarising all ASC training delivered Pan Dorset in 2012/13 was submitted to the PD ASC PB.

18. Have local Criminal Justice services engaged in the training agenda?

- Yes
 No

Please comment further on any developments and challenges.

Partner CJS organisations wish to access training. A lead officer from Dorset Police has met with Chair of PD ASC PB outside of main meetings to discuss training for police staff, in particular front line officers. Custody suites already have NHS (trained) staff.

Diagnosis led by the local NHS Commissioner

19. Have you got an established local diagnostic pathway?

- Red
 Amber
 Green

Please provide further comment.

Established pathway in the east of Dorset (which also covers Poole and Bournemouth). Funding has now been approved to extend the pathway to cover west Dorset; service specification currently being prepared. Due to start operating 01.04.14.

20. If you have got an established local diagnostic pathway, when was the pathway put in place?

Month (Numerical, e.g. January 01)

1

Year (Four figures, e.g. 2013)

2010

Comment

This date relates to the start of the CAAS service in the east of Dorset (and Poole and Bournemouth).

21. How long is the average wait for referral to diagnostic services?

Please report the total number of weeks

3

Comment

2-4 weeks to triage; aprox wait to full assessment is 18 weeks.

22. How many people have completed the pathway in the last year?

Comment

Figures for those seen by CAAS are not broken down by home LA area; total for whole area served by CAAS (east Dorset, Poole and Bournemouth) in 2012/13 was 52 for diagnosis and 47 for specialist assessment , treatment and group work (please note, some individuals may fall into both categories).

23. Has the local Clinical Commissioning Group(s)/support services taken the lead in developing the pathway?

Yes

No

Comment

The Chair of the PD ASC PB, who works for the CCG and Bournemouth BC, has been instrumental in developing the care pathway bid and the service specification for the extension of the service to cover the west of Dorset.

24. How would you describe the local diagnostic pathway, ie Integrated with mainstream statutory services with a specialist awareness of autism for diagnosis or a specialist autism specific service?

a. Integrated with mainstream statutory services with a specialist awareness of autism for diagnosis

b. Specialist autism specific service

Please comment further

At 2012/13 there is a specialist aspergers service for the east of Dorset (and Poole and Bournemouth), delivered by CAAS. This is to be expanded across the west of the county , start date due to be 01.04.14 (please see Q 23 above). Individuals with autism and a learning disability are supported by the Community Learning Disability Teams (CLDTs) in their locality.

25. In your local diagnostic path does a diagnosis of autism automatically trigger an offer of a Community Care Assessment?

Yes

No

Please comment, i.e. if not who receives notification from diagnosticians when someone has received a diagnosis?

This is not the case at present but work is being done to confirm the details of this process within the new (extended) care pathway.

26. What post-diagnostic support (in a wider personalisation perspective, not just assuming statutory services), is available to people diagnosed?

CAAS offers signposting and limited post diagnostic support. Autism Wessex has a help and advice line and runs "drop in " sessions in several locations. DAAS provides information and some limited support for individuals with ASC and their family carers at its monthly meetings.

Care and support

27. Of those adults who were assessed as being eligible for adult social care services and are in receipt of a personal care budget, how many people have a diagnosis of Autism both with a co-occurring learning disability and without?

a. Number of adults assessed as being eligible for adult social care services and in receipt of a personal budget

2309

b. Number of those reported in 27a. who have a diagnosis of Autism but not learning disability

c. Number of those reported in 27a. who have both a diagnosis of Autism AND Learning Disability

Comment

Current social care recording systems do not identify individuals as having ASC. Tackling this is a part of the Pan Dorset ASC Strategy Implementation Plan.

28. Do you have a single identifiable contact point where people with autism whether or not in receipt of statutory services can get information signposting autism-friendly entry points for a wide range of local services?

Yes
 No

If yes, please give details

There are choices in the way in which individuals access support (please see Q 26 above). The website pages provide some links to further information and will be added to and updated.

29. Do you have a recognised pathway for people with autism but without a learning disability to access a community care assessment and other support?

Yes
 No

If yes, please give details

Individuals can request a community care assessment via the Adult Access Team. Also please see Q 25 above.

30. Do you have a programme in place to ensure that all advocates working with people with autism have training in their specific requirements?

Red
 Amber
 Green

Comment

Dorset Advocacy (commissioned to support adults with a learning disability including those with ASC) has an ASC lead officer who cascades training and information to other staff.

31. Do adults with autism who could not otherwise meaningfully participate in needs assessments, care and support planning, appeals, reviews, or safeguarding processes have access to an advocate?

- Red
 Amber
 Green

Comment

Please see Q 30 above

32. Can people with autism access support if they are non Fair Access Criteria eligible or not eligible for statutory services?

- Yes
 No

Provide an example of the type of support that is available in your area.

Autism Wessex advice service and "drop in" sessions. DAAS provides information and some limited support for individuals with ASC and their family carers at its monthly meetings.

33. How would you assess the level of information about local support in your area being accessible to people with autism?

- Red
 Amber
 Green

Comment

Information is available on the web pages currently on the NHS website (this is due to be replaced during September 2013 and it is planned that the pages will move onto the "Partners" section of the Dorset CCG website). DAAS has a website. Autsim Wessex has a website and a monthly newsletter for adults.

Housing & Accommodation

34. Does your local housing strategy specifically identify Autism?

- Red
 Amber
 Green

Comment

There is no single overall housing strategy for Dorset CC area, as responsibility lies with the district and borough councils, but there is a Learning Disability Housing Strategy (being revised, final update due during autumn 2013) and a Mental Health Housing and Support Strategy for the DCC area.

Employment

35. How have you promoted in your area the employment of people on the Autistic Spectrum?

- Red
 Amber
 Green

Comment

Jobcentre Plus representation on the PD ASC PB. Links to training material for employers on website pages. ASC included in DCC's in house employment support (Vocational Services). A working group is to be set up to see how we can better promote the advantages of employing someone with ASC (especially high functioning ASC) to employers.

36. Do transition processes to adult services have an employment focus?

- Red
 Amber
 Green

Comment

Person centred transition planning begins at Year 9 (age 14) and should cover all aspects of the individual's life including training/employment plans.

Criminal Justice System (CJS)

37. Are the CJS engaging with you as a key partner in your planning for adults with autism?

- Red
 Amber
 Green

Comment

Dorset Police are now represented on the PD ASC PB. In addition their Custody Lead Officer attended a Board meeting to explain what they do to support people in custody suites. A senior officer from the Police has met with the chair of the PD ADC PB and a representative of CAAS to discuss how to address training needs of police officers with regard to ASC.

Optional Self-advocate stories

Self-advocate stories.

Up to 5 stories may be added. These need to be less than 2000 characters. In the first box, indicate the Question Number(s) of the points they illustrate (may be more than one). In the comment box provide the story.

Self-advocate story one

Question number

11

Comment

Challenges for adults with ASC when visiting a doctor's surgery.

An adult son of a carer had an appointment at his local G.P.surgery for the nurse to give him an injection. (The son is nearly 40 and was diagnosed with Asperger's Syndrome in his early twenties. Amongst other issues he is sensitive to noise and finds waiting rooms uncomfortable as he likes space around him). As these interactions often cause anxiety, the carer offered to make the surgery aware of his concern, but he refused the offer.

On arriving at the surgery the television in the waiting room was on. He asked the others there if they minded the TV being turned off - no one objected - and he turned it off - the receptionist came and told him this was not permitted. He remonstrated that no-one had objected. The receptionist accused him of being aggressive. He told her he was autistic and as such could not tolerate the TV on and she was discriminating against a disabled person. Upset, he went outside and did not know what to do, and phoned his carer. She then spoke to the receptionist and explained that her son was not aggressive but distressed and frightened and asked her if she was familiar with autism. She said that she was not but she would transfer her to the practice manager.

The practice manager then became involved. The carer explained again he was not aggressive but frightened like a cornered animal, feeling out of control of the situation he was in and that control was important to an autistic person. The manager said she was not really familiar with autism - but they extend the same welcome to all their patients. After the carer explained everyone with autism is different, the manager then said he was welcome to wait in the foyer where it was quiet. She would also put a note on his file. After further discussion he agreed to go back into the surgery, although he was very upset that he had been accused of being aggressive. In his eyes it was the other party that had been aggressive to him. He also admitted to his carer that he had been worrying about the appointment for days.

This incident might have been avoided by more awareness and care in practitioners generally and in particular by the "Front of house" staff at surgeries. It is disappointing to see so little awareness in practice. This is not an isolated incident as, talking to others with Asperger's Syndrome, many fear visiting their doctor.

Self-advocate story two

Question number

1135

Comment

Work Capability Challenges

J was signed off work due to Asperger's in mid 1990s. His carer C is retired, lives 130 miles away and visits J each month for a few days

A 27 page Limited Capability for Work form arrived Aug 2012, was completed jointly after many hours discussion & returned 4 wks later. J asked that C accompany him to interviews & be contacted directly re appointments. Distance & travel factors were set out & available dates given. Clear examples of J's communication & planning difficulties & C's essential role noted.

Despite requests ATOS staff refused to discuss appointment dates with C unless J was present & sent letters with unsuitable dates. Dates were made & changed several times; the ATOS diary couldn't cope with dates very far ahead. Eventually overcame this with 3 way skype call, unavailable to many. Assessment interview was cancelled at less than 2 hours notice after C had driven 130 miles. Info re availability etc not passed to person arranging apptmts. Eventually interview re-instated after much pleading. Room had bright fluorescent lights tho J has visual sensitivity clearly stated.

In Oct J & C told to apply for Appointeeship as the only way C could represent J. Application was made & form chased several times then told no form existed - each must write separate letters. No information sent about scheme. In January an interview was held re Appointeeship - soon apparent this was totally unsuitable & was for people with very limited mental capacity. Several ATOS & DWP staff who spoke to J should have realised that appointee status inappropriate. Great deal of time & effort wasted by all.

Mid January J & C attended Job Centre interview for WRAG. J was asked how Asperger's affected ability to work. Despite copious notes on ATOS form none of this info was passed to Job Centre. So someone with communication problems is expected to summarise 27 pages of info in a couple of minutes.

Obstacles to communication littered the process causing great distress.

Self-advocate story three

Question number

1135

Comment

Employment difficulties for people on the Autistic Spectrum

Subject X has Aspergers, Epilepsy, Learning Difficulties and Dyspraxia.

Experienced difficulty finding employment over the last year and keeping the job that she had.

Volunteered at a day centre before getting 10 hours paid employment and had support from the Manager who worked with Access to Work to get support from a specialist support provider (name removed) (4 hours pw).

Worked one to one with a client as this suited her abilities. She made a couple of mistakes and was moved to being a 'floating support worker'. Training had not been given to avoid the errors in the first place or stop them happening again; she was just removed from situation.

Despite having an understanding manager it was clear she had not received suitable training from the beginning. No assessment of her difficulties and no appropriate training that she could understand. She learned from colleagues including a mentor resulting in distress and meltdowns.

Floater are required to multitask, plan, prioritise and communicate with a huge range of staff and other professionals; skills that she had not been trained for or supported with and skills that her disabilities made difficult for her in any event.

The manager left and was replaced with three deputies. Instructions given were all different resulting in confusion and distress.

Despite agreement from management that Subject X had been poorly supported; an action plan should be set up detailing what she would do each week (and not changed without consultation) and support meetings every two weeks; nothing was implemented.

Six months later a disciplinary ensued for saying something to a client, whilst trying to protect her own dignity, that was deemed to be inappropriate. The client tried to touch her in places that he should not have (no malicious intent on his part; purely accidental but none the less inappropriate). Subject X had not had any training in how to deal with these difficult situations. She was suspended pending an investigation and subsequently left under a compromise agreement to ensure that she did not have a dismissal on her employment record.

This was deeply distressing and she felt that she was totally unsupported by the employer and the staff from the specialist support provider (name removed) who did not step in to mediate or help when they became aware of the situation that she was in. She remains unemployed.

Self-advocate story four

Question number

Comment

Self-advocate story five

Question number

Comment

This marks the end of principal data collection.

Can you confirm that the two requirements for the process to be complete have been met?

a. Have you inspected the pdf output to ensure that the answers recorded on the system match what you intended to enter?

Yes

b. Has the response for your Local Authority area been agreed by the Autism Partnership Board or equivalent group, and the ratings validated by people who have autism, as requested in the [ministerial letter](#) of 5th August 2013?

Yes

The data set used for report-writing purposes will be taken from the system on 30th September 2013.

The data fill will remain open after that for two reasons:

1. to allow entry of the dates on which Health and Well Being Boards discuss the submission and
2. to allow modifications arising from this discussion to be made to RAG rated or yes/no questions.

Please note modifications to comment text or additional stories entered after this point will not be used in the final report.

What was the date of the meeting of the Health and Well Being Board that this was discussed?

Please enter in the following format: 01/01/2014 for the 1st January 2014.

Day

Month

Year