

Developed In partnership



Kirklees Joint Autism Commissioning Strategy 2011 – 2014

*“No decision about
me without me.”*

Contents Page

		Page Number
	Summary	3
1	Introduction: Our Key Challenges	4
2	Our Purpose and Commitments	7
3	Looking at Relevant Laws and Guidance	10
4	Needs and How they Might Change	11
5	Current Resources and the Extent to Which They Will Meet Future Needs	13
6	Evidence...Best Practice	14
7	Kirklees Joint ASD Commissioning Timeline	15
8	Action Planning	16
9	References	24
10	Glossary (What things mean)	25

Summary of this Strategy:

The first ever strategy for improving the lives of adults with autism in England was published on 3 March 2010. The Autism Act 2009 committed the Government to publishing an adult autism strategy to transform services for adults with autism (autistic spectrum disorder). The publication of the national strategy, “Fulfilling and Rewarding Lives” in March 2010 met that commitment. The national strategy sets out a number of key actions and recommendations for central Government as well as for local authorities, the NHS and Jobcentre Plus, focusing on five key areas:

- increasing awareness and understanding of autism
- developing a clear and consistent pathway for diagnosis
- improving access to the services and support people need to live independently within the community
- employment
- enabling local partners to develop relevant services to meet identified needs and priorities.

On 17 December 2010, the Government published statutory guidance for local councils and local NHS bodies setting out what they have to do to ensure they meet the needs of adults with autism in England.

The guidance sends a clear message that local councils, local NHS bodies, and Job Centre Plus in England must improve:

- identification and diagnosis of autism in adults
- planning of services for people with autism, including the transition from child services to adult services
- local leadership
- autism awareness training for all staff and specialist autism training for key staff, such as GPs and community care assessors
- The commissioning of services based on adequate population data alongside an assessment of need.

This first joint commissioning strategy is a step in the journey required by the national guidance. It is not complete and will benefit from annual review. It is not complete because here in Kirklees, we do not know enough about prevalence, need and what works. As the SCIE research confirms, one size does not fit all, and our local responses will need tailoring to our local needs.

We have worked to make this document as easy to read as possible but there are always words in government papers that have to be used. A “what things mean” list is at the end (chapter 10).

1 Introduction...Our Key Challenges

Adults with autistic spectrum disorder should be able to enjoy a better quality of life, more personal independence and greater inclusion in every aspect of society. A SCIE research paper in 2010 set out the following major issues:

- Outcomes for adults with autistic spectrum disorder (ASD) are generally poor. Many people with ASD experience unemployment; mental and physical ill-health, discrimination and social exclusion.
- The evidence base for looking at whether services work or not for people with ASD is weak.
- There are big differences in needs between individual adults with ASD. This will mean that the 'one size fits all' approach doesn't work. Evidence suggests that adults with ASD benefit from services, eg, employment and day time activity, which are careful about the needs of people with ASD.
- Access to social care is often a problem, made worse by the complexities of the autistic disorder spectrum, by other health-related difficulties, the impact of Council eligibility criteria and the lack of tailored services for adults with ASD.
- The period of moving from children's services to those for adults (called transition) is known to be a problem.
- Individuals with ASD and additional intellectual disability generally have fewer problems in accessing support, often provided by local learning disability services. However these services may struggle to support individuals with additional or complex needs.
- The condition and needs of more 'able' individuals with ASD may go unrecognised or be misdiagnosed.
- More information is needed about individuals with ASD and additional sensory problems to enable them to access services.
- Too few health or social care staff has sufficient skills or experience for assessing or working with people with ASD.
- Research is needed to investigate the lower take-up of social and health care among people from minority ethnic and cultural groups, women and older people with ASD.

These challenges were set out in the national strategy "Fulfilling and Rewarding Lives" and made clear in the statutory guidance issued on 17 December 2010. This guidance sets out several key tasks for local authority and NHS commissioners as partners. These are:

1. **Assessment**

The guidance is clear that on receiving a diagnosis of autism, adults with autism should expect to be offered a community care assessment, regardless of their IQ and where they are on the spectrum. It also says that carers can be expected to be informed of their right to a carer's assessment.

2. **Training**

The guidance sets out a number of key duties on local councils and NHS bodies on training.

The duties mean that adults with autism, their families and carers can expect that in the future, all staff working in health and social care have had some autism awareness training. Staff in roles which have a direct impact on access to services for adults with autism – such as GPs, community care assessors and commissioners/service planners – should receive specialist autism training.

The guidance also says that as much as possible adults with autism and parents/carers should be involved in the planning of training.

3. **Local Leadership**

The guidance is clear that every local authority and primary care trust should ensure that there is a named joint commissioner/senior manager with responsibility for the commissioning of services for adults with autism.

This should help ensure that there is someone at a local level taking responsibility for developing services for all adults with autism across the spectrum and helping to ensure that adults with autism no longer 'fall through the gap' between services at a local level.

4. **Diagnosis**

The guidance says that there has to be a clear pathway to diagnosis in every local area.

This means that wherever people live, they should be able to access a diagnosis and that the local NHS and local authority should be able to provide information about how someone can access an assessment that might lead to a diagnosis.

5. **Development of Services**

The guidance says that local partnerships have to develop a plan (strategy) for what services they provide for adults with autism. It is sensible if people with ASD and their parents/carers are involved in the development of strategy.

The guidance sets out what should happen. This strategy supports the national social care policy for:

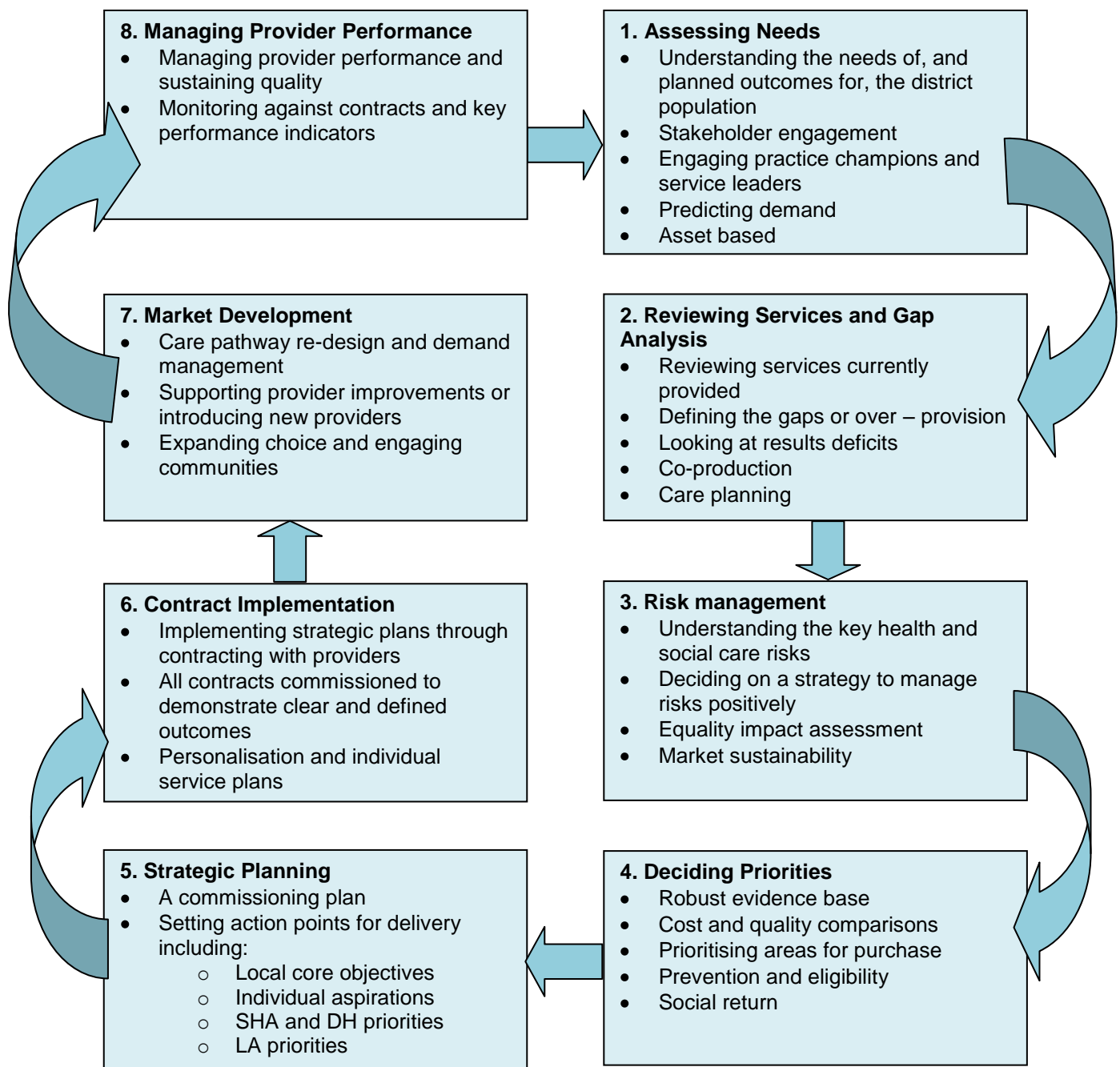
- Personalisation and person centred support planning
- Outcomes and valued experience
- Support into everyday, ordinary opportunity such as employment, learning, or volunteering

Support into activity such as creativity, or physical activity

- Access to supported accommodation
- Increased personal independence
- The need to challenge stigma and discrimination

The diagram below describes the commissioning approach to be taken for this strategy. The process outlined below is strong on making sure that what individuals need can help decide service wide outcomes. Everyone will want to make sure that what we do is just and fair.

The Commissioning Cycle: is set out below. It is adapted from *Mental Health World Class Commissioning* – a guide produced by the NMHDU.



2 Our Purpose and Commitments

This commissioning strategy has four big ambitions that support all the challenges described earlier. The diagram below illustrates the overall approach in Kirklees that describes what is important for everyone's health and well being.

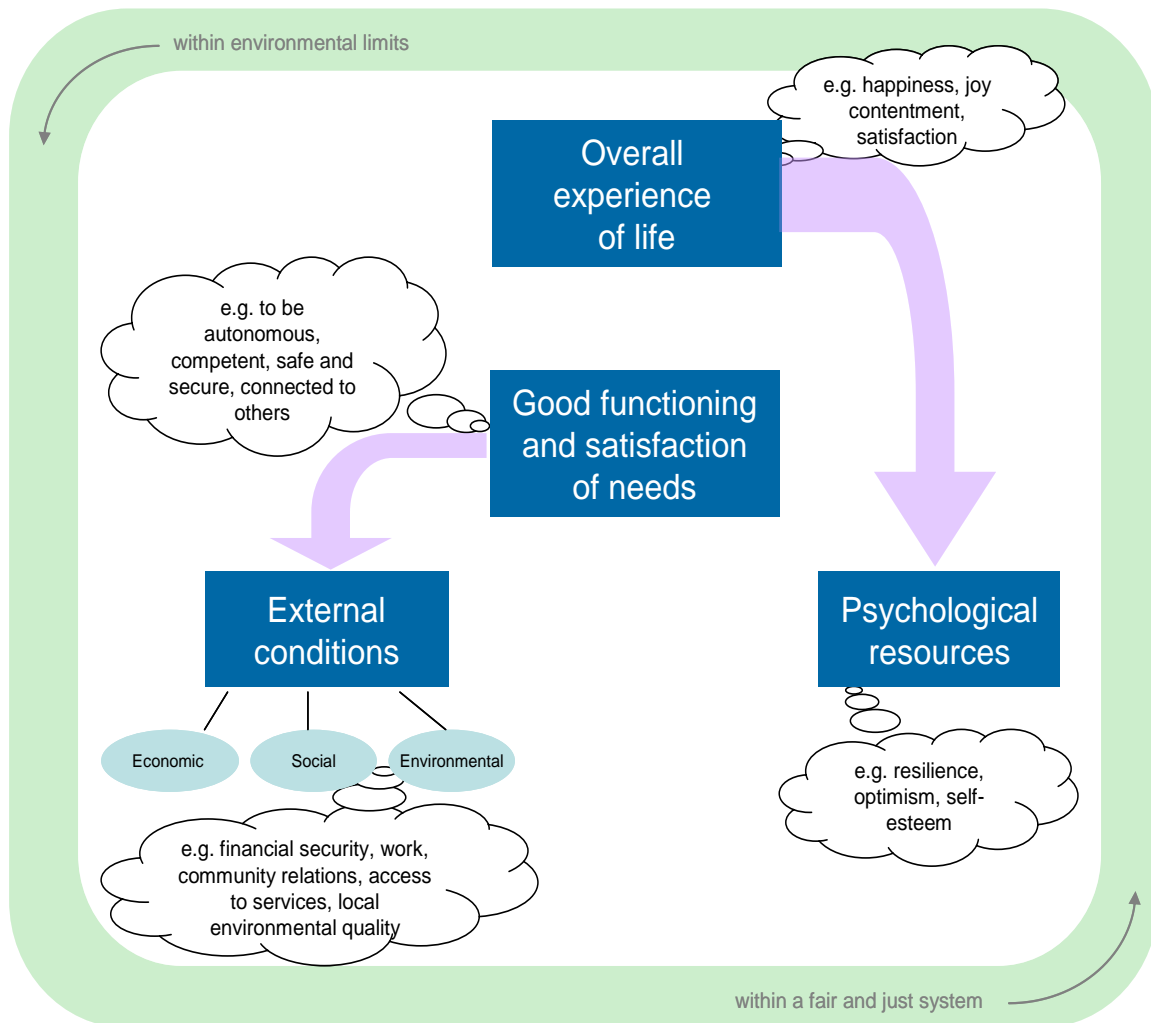
This strategy is designed to:

1. Improve the overall wellbeing of people with ASD in Kirklees
2. Improve the quality and accessibility of the support offer for people with ASD
3. Achieve the highest level of independence and self help within communities through the strengths of support networks
4. To ensure that the workforce is equipped to sensitively respond to the needs of people with ASD

We will...

- Work to ensure the right balance of investment between different adult services, as well as the right balance between cost, quality and value for money to meet local needs.
- Work to develop the market so that high quality, flexible and responsive support is available for personal budget holders and people who wish to pay for their own support.
- Ensure that people with ASD have access to information and advice to make good decisions about their care and support.
- Work to involve people with ASD in the design, delivery, and evaluation (are they working?) of services.
- Commission prevention and wellbeing services that assist personal and community protection against things that make people feel bad.

- **A model to guide commissioning for well-being (NEF 2009)**

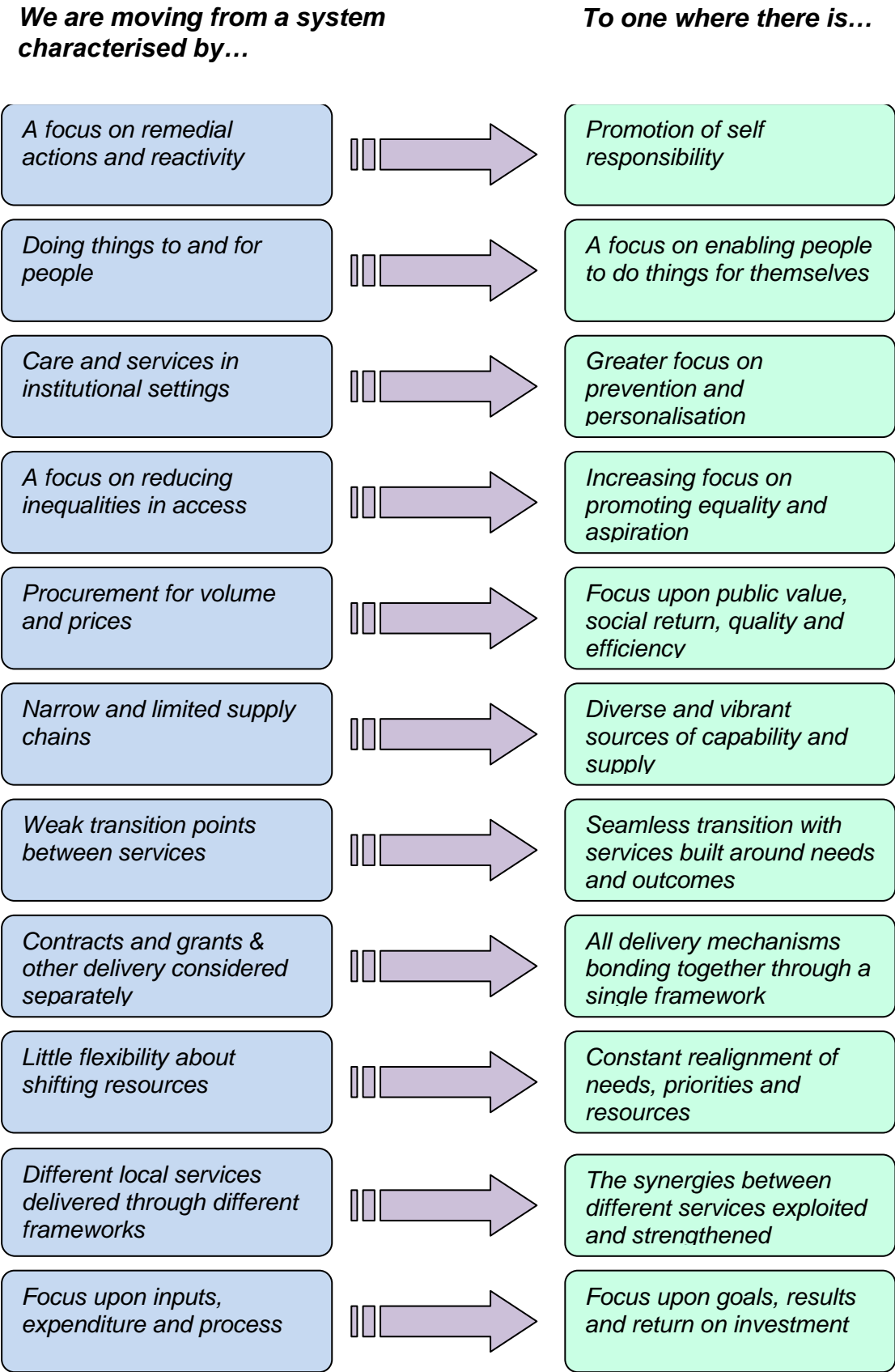


- Work to ensure that all people with ASD have access to community services and support.
- Work to move away from the traditional professional gift model of service led delivery to one based on the question “what kind of life do I want to lead”.
- Commission for results, and not just outcomes.

Commissioners have a central role to play in planning what local support might look like. This is best done together with the people who are likely to use that support. This is called co production.

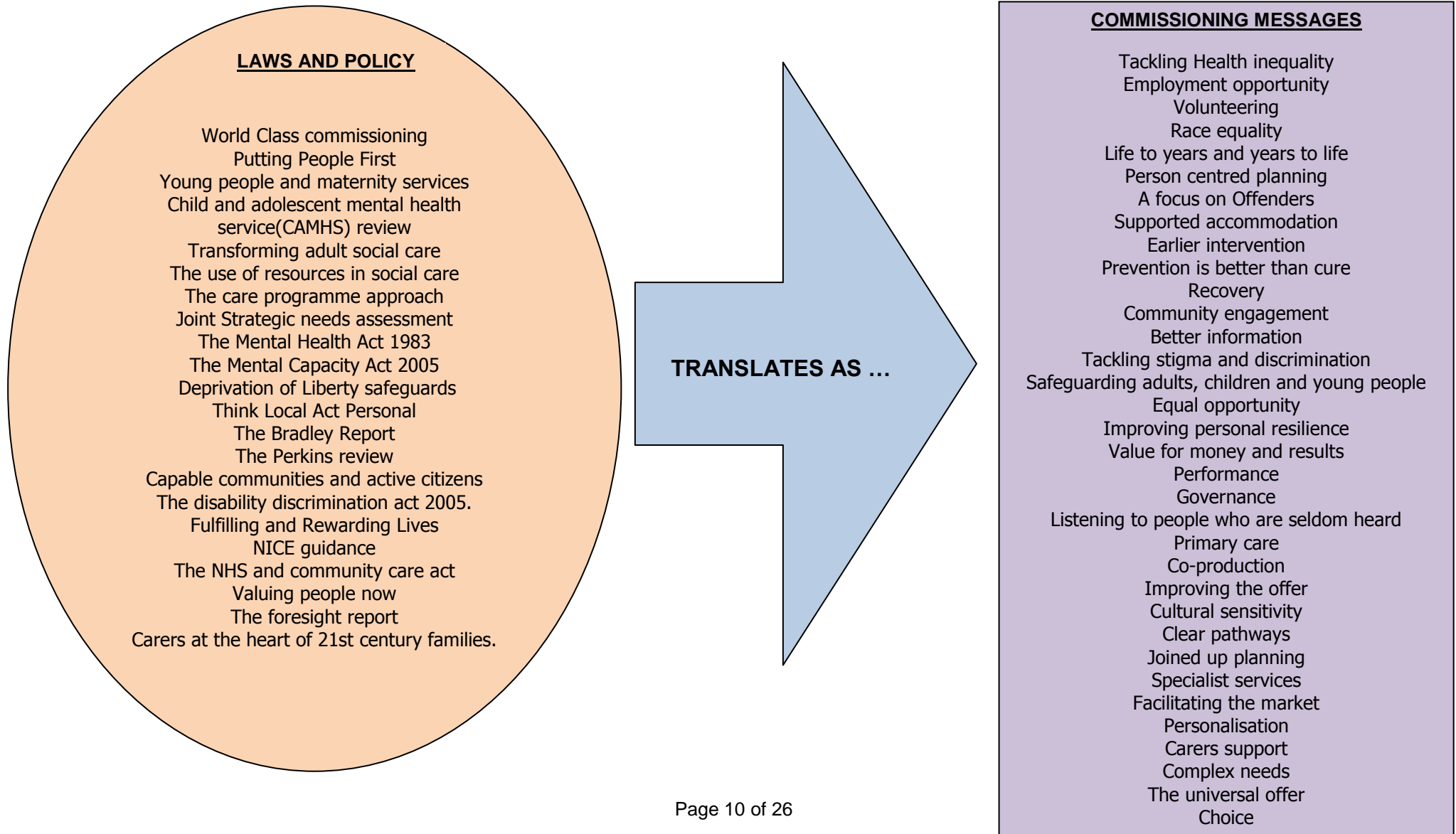
The diagram below describes our model for change in relation to ASD.

Intelligent Commissioning, before and after:



3 Looking at Relevant Laws and Guidance

The range of laws, policies and guidance that impact on both commissioning and service delivery continues to widen. The range of influences is summarised below. The diagram shows how this works:



4 Needs and How They Might Change

- 4.1 This commissioning strategy begins with the agreement that, in Kirklees, we need more information about how many people have ASD and more importantly, what their needs are. Our current position is that the NAS estimate of 1 person in 100 stands as a helpful starting point whilst we wait for the results of the national research commissioned as part of the actions for the national strategy. The PANSI data uses the same source material. This means that in Kirklees, some 3,400 individuals are likely to have ASD.
- 4.2 This strategy acknowledges the difficult balance between eligible need as defined by Fair Access to Care (FACS) and NHS criteria and prevention and promotion.
- 4.3 We know that a good response to the needs of people with ASD influences a very wide range of outcomes for individuals and communities. These include healthier lifestyles, better physical health, improved recovery from illness, fewer limitations in daily living, higher educational attainment, greater productivity, employment and earnings, better relationships with adults and children, more social cohesion, more community engagement, and an improved quality of life.
- 4.4 This strategy seeks to understand ASD less in terms of individual pathology (a medical diagnosis) and more in relation to needs and support options. A diagnosis of itself does not mean certain entitlement to social care or NHS support.
- 4.5 We know that action on the list below can make a big difference to the life chances of people with ASD...
- ✓ Working to address the social, cultural and economic conditions that support family and community life
 - ✓ Influencing an education that helps children to flourish economically and emotionally
 - ✓ Employment opportunities and workplace pay and conditions that promote and protect wellbeing
 - ✓ Addressing the social and economic conditions that can cause psychological distress
 - ✓ Reducing the barriers to social contact
- 4.6 We have learnt something about the outcomes people in receipt of support want from the national personalisation pilots and from our local use of the outcomes star. People generally want to “rub shoulders with everyone else”. Their desired outcomes are about relationships, their personal wellbeing, the benefits employment brings, feeling safe, living life free of fear or stigma, being treated with respect and dignity, or access to creative experience and learning. All of these are as important to people with ASD as they are to anyone else. The commissioning aim is to increase the choices people have.

- 4.7 We also know that personalisation is under used in by people with ASD and that although there is some evidence that people spend their allocated budgets outside of “traditional” services, the way in which the market might develop is currently uncertain. The other key aspect of personalisation is its ability to give people more power over their own lives.
- 4.8 We know that people’s journey through life can be hugely influenced for the better. “Tend to the social and the individual will flourish” (Rutherford 2008). Life course research tells us that disadvantage is not an event that strikes at a single point. This gives support to the well being power granted to Local Government in 2000. “To do anything they consider likely to promote the economic, social and environmental well being of their area”.
- 4.9 In summary, this strategy seeks to address needs around:
- ✓ Improved health and well being
 - ✓ Improved quality of life
 - ✓ Making a helpful contribution
 - ✓ Choice and control
 - ✓ Freedom from discrimination
 - ✓ Economic well being
 - ✓ Personal dignity
 - ✓ Supported accommodation
 - ✓ Employment and access to learning
 - ✓ The use of valued time
 - ✓ community choices
 - ✓ Discussion based support and advice
 - ✓ Leisure and physical activity
 - ✓ Support to take up the opportunities around personalisation

5 A picture of Current Resources and the Extent to Which They Will Meet Future Needs

5.1 Introduction

This strategy proposes a wider view of resources based on the principles of social return on investment. This is where we work out what difference something makes. For example, if you get someone a job there will be savings on benefits, the government will be getting more tax, a carer will have more time to themselves, and the person in work will be feeling more valued. A range of resources are described that, when joined up are more likely to impact on the well being definition in this strategy.

5.2 Financial resources

Whilst we know what is spent on support for people over 18, we do not know how much is spent on ASD. It is possible to argue however that what matters are whether or not people who require support are having their needs met. We will be able to see data on spending as the Council starts collecting it. (This is one of the actions).

5.3 Innovation and quality

The social care reform grant from the government has provided the money for the launch of “Expanding choices, engaging communities”. This project will mean increased opportunity for people to get engaged in communities.

5.4 What makes a difference?

There is also increasing evidence about the benefits of particular types of intervention. A good example is around employment. Securing paid work is a much better option than staying with existing support in statutory services. The social return argument is important. (Realising Ambitions, The Perkins review DWP 2009). Another example is physical exercise. We have the local evidence that engaging people in personal programmes of physical activity can improve their recovery, reduce stress and move them away from more costly support. People who are part of Active for Life (a physical activity project) for example report a 35% improvement in their overall well being over a 3 month period. This case holds with a range of support options that have thus far been seen as not so important such as creative arts. This strategy seeks to put in place a range of options that address the gaps described above via a new and different investment plan.

5.5 Community resources

The principles of co-production see resources as more than just about money. People and communities are assets and have wealth that is more than public service investment. These resources are not used enough. This strategy recognises that good outcomes cannot be achieved without the leadership of citizens and communities. Community assets need to sit alongside public services. Commissioners and support providers cannot and should not try to solve all the issues around ASD on their own. The value of the Kirklees partnership approach to a whole community plan is realised here as there are lots of projects in place that have nothing directly to do with ASD commissioning. The Timebank in Newsome is a good example.

6 Evidence... Best Practice

- 6.1 This strategy says that the direction of policy over the last 30 years has been based on evidence that has increasingly moved people away from professionally led services to self directed support. In the near future the National Institute for Clinical excellence will produce guidance to be introduced into commissioning and support delivery for people with ASD.
- 6.2 There is evidence, again set out in Fulfilling and Rewarding Lives, that well being is closely related to what we feel about value, enjoyment, and the part we play. It makes sense to support services that help us with wellbeing.
- 6.3 All the evidence is that timely and sensitive responses for people diagnosed with ASD will lead to years to life and life to years. Support and treatment works where it supports individuals to better manage their ASD and to lessen further problems.
- 6.4 The direction of policy is thus supported by the evidence that it is possible to deliver the outcomes people seek where there is an appropriate balance of support. The financial picture confirms that there can be a focus on more expensive support options that are not always of the best quality. This can include residential care when supported living might meet a person's needs better.
- 6.5 Best practice is telling us that some ways of doing things are better value than others. Work on social return (does what we spend bring value?) is providing evidence about the value that builds up as people move away from state support. Additional value is hugely important but we will not achieve the resource re-balance required without investment in the most effective support. Taking an individual out of services into long term employment means long term financial gains. If we stop doing one thing because it doesn't work so well, we can move the money to a better place.
- 6.6 The key pathways are defined as follows:
- If an individual has a diagnosis of ASD, has a primary need involving a learning disability and is FACS eligible, learning disability services will care manage the support plan.
 - If an individual has a diagnosis of ASD, has a primary need involving mental illness, and is FACS eligible, secondary mental health services will care manage the support plan.
 - If an individual has a diagnosis of ASD and is FACS eligible, then secondary mental health services will care manage the support plan. (This pathway is agreed on the grounds that mental health services are most likely to have the skill set required)

7. Kirklees Joint ASD Commissioning Timeline

Current Service Model 2011:

- A loose idea of prevalence
- The care programme approach is in place and is applicable where mental health is a significant issue
- Underdeveloped service user and carer involvement in service planning and monitoring
- Single social care point of entry via Gateway to Care
- Supported accommodation is underdeveloped
- A limited employment support service is in place
- Outcome measures are in place in some VCS provision
- NHS ASD/ADHD services in place
- Expanded employment capacity in the VCS across Kirklees
- CAB ex armed forces support
- VCS specifications require an ASD focus

Planning for Solutions to meet ASD Needs

Commissioning / Service Activity

Workforce planning will need to reflect the new National ASD Strategy

Specialist employment support provision will be enhanced

The range of choices in communities will increase

Break provision will be supported

Carer assessments will feature as core services

Diagnostic and treatment pathways are required

Training programmes will need development with some specialist focus

Local Authority and NHS leadership will need to be in place

Service Specifications will reflect the need to demonstrate layered benefit

Desired Service Model 2014:

- The focus of public services will be on well-being
- Citizen-commissioners will be accessing personalised services via self directed support
- More choices – the third sector will include access to learning, leisure, creativity, volunteering and employment
- There will be increased investment in community based solutions as an alternative to current provision
- ASD services need to be integrated into 'ordinary' services such as libraries, GP surgeries, places of work and community groups
- Care management will be based on the principles of hope and co-production
- Supported living will have been enhanced
- The anti-stigma movement will be stronger
- 'Ageless' services will be in place
- ASD pathways in place

April 2011

- 100 People using Direct Payments
- 50 new people in paid work or work preparation
- A wider range of short break provision is available
- S47 duty embedded
- Outcome measurement embedded

April 2012

- 150 People using self directed support
- Significant 'ageless' service provision
- 50 new people in paid work or work preparation
- Strong evidence of assessment duty in action
- Some open access provision
- 100% of workforce equipped with awareness to deliver ASD sensitive support

April 2013

- 200 People using self directed support
- 50 new people in paid work or work preparation
- One User Led Organisations network established
- Supported accommodation increased by 100 units of floating support
- Outcome measurement in care management as standard practice
- Personalisation in place
- Fulfilling Lives ambitions achieved

8 Action Planning

- 8.1 This section sets out a range of actions needed to achieve the level of change set out in the national strategy for ASD alongside the statutory guidance. The actions that are required from the statutory guidance are called “essential”.
- 8.2 Performance frameworks will be changed in the light of experience.
- 8.3 This strategy identifies the gaps in desired outcomes in the context of wanting to progress the local strategy for ASD as quickly as possible. This section identifies actions designed to address those gaps. The structural actions feature towards the end of the action planning. Work will be needed to identify appropriate governance.
- 8.4 There is general agreement that it will be good to set up a group of people to look at how progress on the strategy is going. This group should have carers and individuals with ASD as members as well as officers from the Council, the NHS and Job Centre Plus. This group would have terms of reference and meet 4 times a year.

Strategic Objective	The Gap – What is Required	Rationale - Desired Outcomes	Commissioning Implications		
			2011/2012	2012/2013	2013/2014
1. To have a partnership based commissioning strategy in place for ASD (Essential)	A commissioning strategy is required to be in place	The strategy should cover all the issues set out in Fulfilling Lives and in the statutory guidance	To have an “owned” strategy in place	To review the strategy and its actions.	To review the strategy and its actions.
2. To ensure appropriate workforce knowledge about ASD. (guidance p13) (Essential)	All the evidence is that staff in social care and the NHS do not feel as confident as they would want to be in understanding and recognising the needs of people with ASD.	Individuals with ASD are more likely to have their needs recognised if the workforce is appropriately skilled. This in turn will enable better access to support and from there a better quality of life.	A joint learning and development plan will support this commissioning strategy. It will cover generic training for health and social care staff as well as the more specialist training required for GPs and those carrying out community care assessments under S47 of the NHSCCA. It will also be essential to train staff in a range of organisations such as JC+, the police, or in the Voluntary and Community Sector.	To review the L&D plan and its progress.	To review the L&D plan and its progress.

Strategic Objective	The Gap – What is Required	Rationale - Desired Outcomes	Commissioning Implications		
			2011/2012	2012/2013	2013/2014
<p>3. The identification, diagnosis and assessment of ASD in adults. (Guidance p16) (Essential)</p>	<p>For some people, a diagnosis is an important step towards a fulfilling life. Diagnosis is not a goal in itself. An integrated process needs to be in place. This will include local authority s47 assessment, the resource allocation system for self directed support, the Care Programme approach in mental health, and person centred planning in learning disability services.</p>	<p>Accessing support, as soon as possible post diagnosis can significantly enhance life chances and the opportunity to lead a good life.</p>	<p>An NHS diagnostic and treatment service has been in place from October 2010. The role of this service will be made as transparent as possible. The service will publicise diagnostic and treatment pathways. Governance arrangements will need to be clear about the local authority duty to assess and to provide support where individuals are FACS eligible. Whilst pathways are defined in para 6.6 above, MH services may wish to identify a small number of practitioners who will benefit from more specialist training. The Council will collect data about people with ASD on the Care First system as they are referred.</p>	<p>The NHS service will be reviewed. The NICE guidance will be reviewed when available. Care planning and pathways will be reviewed. The Resource Allocation System will be reviewed.</p>	<p>The NHS service will be reviewed</p>

Strategic Objective	The Gap – What is Required	Rationale - Desired Outcomes	Commissioning Implications		
			2011/2012	2012/2013	2013/2014
4. To understand how many people have ASD and to work out the level of support need across Kirklees. (Essential)	The information gap is acknowledged. This is limiting the scope of the current commissioning strategy in relation to the balance of resource required.	Numbers of themselves are no substitute for a good understanding of need. This is particularly true of ASD as needs can vary so much across the spectrum.	VCS providers, alongside in house provision will be required to capture data about referral type. This will support the national analysis currently underway.	Further data will be sought on the types of service delivery in place and the effect that will have on the choices people have.	Further data will be sought on the types of service delivery in place and the effect that will have on the choices people have.
5. Transition planning. (Guidance p20) (Essential)	There is no agreed transition pathway in place for people with ASD as they move from being children to adults.	An agreed pathway will ensure a more seamless approach to support and from there, better outcomes.	To agree a transitions protocol. To agree a protocol delivery plan. To ensure that ASD issues are part of the terms of reference for the transitions board. To include transition within the training planning.	To review the protocol. To consider an audit of transition planning for people with ASD.	To review the protocol. To consider an audit of transition planning for people with ASD.

Strategic Objective	The Gap – What is Required	Rationale - Desired Outcomes	Commissioning Implications		
			2011/2012	2012/2013	2013/2014
<p>6. To increase the support choices open to people with ASD. (Essential)</p>	<p>The fact of the national strategy confirms that needs are not being met and that choices are limited.</p>	<p>A combination of better assessment and support planning, in the context of self directed support will mean that the choices people make will expand. This will benefit life chances</p>	<p>All VCS providers (Mental Health and Learning Disability) will be required to respond to the needs of people with ASD where they are eligible. In some cases this approach will include people with hidden disabilities. The market will be encouraged to adapt to self directed support. Framework agreements will support a preferred provider list to be in place for 2012.</p>	<p>Commissioners will work to ensure that costs are understood. The work on market information will include people with ASD. Further information will be sought from all possible sources about the choices people have.</p>	<p>Further information will be sought from all possible sources about the choices people have.</p>
<p>7. Local arrangements for leadership on ASD issues need to be in place. (Essential)</p>	<p>Chief Executives have overall responsibility for strategic delivery. Lead officers have been agreed within the Council, the PCT and JC+. There is no current ASD partnership board.</p>	<p>Appropriate leadership will work best where the required actions are co-produced with people with ASD. This is better if carers participate.</p>	<p>Governance agreements will be made and implemented. Officer capacity is confirmed in commissioning in the Council and the PCT. The case for a partnership group to take the strategy forwards is agreed.</p>	<p>Governance will be reviewed. The steering group will be reviewed.</p>	

Strategic Objective	The Gap – What is Required	Rationale - Desired Outcomes	Commissioning Implications		
			2011/2012	2012/2013	2013/2014
8. The involvement of people who access support. (Essential)	There are no ways in place that support the participation of people with ASD in planning and service development.	The reality of co-production means that desired outcomes are much more likely where all the partners work together.	Work will start on how best to ensure that the whole system is inclusive. The agreement on a steering group will help.		
9. A good range of supported accommodation (Essential)	There is no evidence either way that the accommodation needs to people with ASD are being met.	Suitable accommodation is really important in helping with life chances.	Supporting people providers will be required to respond to the needs of people with ASD where they are eligible.	The vulnerability support service will include people with ASD.	The vulnerability service will be reviewed.

Strategic Objective	The Gap – What is Required	Rationale - Desired Outcomes	Commissioning Implications		
			2011/2012	2012/2013	2013/2014
10. Employment opportunity. (Essential)	The national strategy is clear about the importance of employment. The response in Kirklees is understated.	Paid employment has so many benefits.	All specialist commissioned supported employment providers will be required to respond to people with ASD where they are eligible. Job Centre + will ensure that the workchoice and workprogramme services are ASD sensitive via the prime providers contracted by DWP. The Expanding Choices project will respond to people who are furthest from the labour market.	Supported employment provision will be reviewed.	Supported employment provision will be reviewed.
11. Self Directed support. (Essential)	There is evidence that people with ASD have not benefited from SDS	Self Directed support offers the sense of being in control and the ability to influence desired outcomes more directly.	Work will start on collecting data about who is benefiting from self directed support. We will want to understand what individual choices people are making in relation to the market.	The pathway into SDS will be made clear.	The SDS pathways will be reviewed.

Strategic Objective	The Gap – What is Required	Rationale - Desired Outcomes	Commissioning Implications		
			2011/2012	2012/2013	2013/2014
12. To consider the case for an integrated specialist team. (Discretionary)	The guidance and strategy raise the possibility that some localities may wish to consider the establishment of a specialist ASD team.	There is some national evidence that best practice may be supported by specialist teams.	An exercise will be undertaken to examine the case for a specialist, integrated support unit. It is acknowledged that the budget reductions would mean taking staff from other services.	To respond to the review.	
13. Dealing with discrimination and stigma	The police sometimes need support to properly respond to the particular circumstances on someone who has needs associated with their ASD. Public perceptions can sometimes be distorted.	A better outcome is likely where misunderstandings can take place	To consider the implementation of an Autism alert card system already in place in South Yorkshire. To make the NAS descriptor leaflets more widely available.		

9 References

- Fulfilling and Rewarding Lives(DH March 2010)
- Implementing Fulfilling and Rewarding lives (DH Dec 17th 2010)
- Supporting adults with autism, A good practice guide for NHS and local authorities(NAS 2009)
- Access to social care and support for adults with autistic spectrum conditions (ASC)(SCIE 2010)
- Involving people with autism: a guide for public authorities(NAS 2009)
- Briefing 21: Implications for people with autistic spectrum conditions and their family carers(SCIE 2009)

10 Glossary (what things mean)

- **ASD:** Autistic spectrum disorder
- **Assets:** This is the name for the gifts and skills people have. It is also the name for what strengths communities have. It can also mean money, time, people, and the environment.
- **CAB:** Citizens Advice Bureau
- **Care manage:** this is where a social worker or a nurse will agree what a person needs and then works with them to agree what needs to happen. A **care manager** has this job.
- **Commissioning:** This is working out what people need and then putting support in place to meet need
- **Diagnosis:** This is where a doctor tells someone what their medical issue is. It often leads to a particular type of treatment
- **DWP:** The Department of Work and Pensions
- **Eligibility:** This is where a council or the health service agrees who can have support from the council or the health service
- **Inclusion:** This is where people are supported to live their lives in the same way as everyone else
- **Investment:** This is the name for money or staff time, or the gifts people have.
- **JC+:** Jobcentre Plus
- **NICE:** National Institute for Clinical Excellence
- **NHS:** National Health Service
- **NHSCCA:** The NHS and Community Care Act 1990
- **Outcome:** This is the difference something makes
- **Pathway:** This like a road map that sets out what people can expect from services
- **Personalisation:** This is where a person supported by the council is able to take money instead of services. They can then, with help if needed, decide what service to buy. This is sometimes called **self directed support**.
- **Resilience:** This is where people feel more able to deal with the problems they face
- **Resource:** This can be money, people, staff, the skills people have, community groups, families and friends
- **Strategy:** This is a plan that sets out what should be done to make things better
- **The Care Programme Approach:** This is care management in mental health services

- **Transition:** This is the time when younger people move to being supported as adults. This usually happens when people are 18. The planning for this should start at the age of 14.
- **VCS:** The voluntary and community sector
- **Well being:** This is about how happy people feel