

Appendix 2: Section 1 Introduction and summary

Summary

This report is a mapping exercise, and therefore its chief function is to describe things as they currently stand in relation to autistic spectrum disorder in Barking and Dagenham. However it also views this in the context of what is happening elsewhere – particularly models and examples of good practice and demographic trends – and what needs to happen in the future. It is not a strategy but its intention is to provide the information and actions necessary to create a strategy which meets the needs of people with ASD in the borough and moves towards achieving the vision of ‘Fulfilling and Rewarding Lives’.

In summary the report has found that there is only a very small number of specialist services focused on autistic spectrum disorder and these are almost exclusively focused on people who have ASD and severe/complex learning disabilities. Only small numbers of the 750-1275 adults we would expect there to be in the borough are known to services. However, far larger numbers of children and young people with ASD are known to the borough, particularly in the early years up to year 9. This does not appear to reflect a rise in the incidence of autism – the numbers still fall well within the expected prevalence range - but improvements in diagnosis and awareness. For adult services it represents an acute demand pressure in the medium term, reinforced by evidence of growing numbers of adults coming forward for diagnosis.

Feedback gathered from people with ASD, their families and professionals reveal strong concerns about the transition process and a pattern of young people moving into adulthood and finding it difficult to gain support. There is a consensus that an employment strategy across the spectrum of autism will be critical in the future both in mainstream and specialist services – ranging from meaningful occupation in a social enterprise setting for people with complex needs to support into mainstream employment for people who are ‘high-functioning’. Access to housing and social activity will also be key.

Also critical will be a protocol and partnership between learning disability and mental health services (and between social care and health) to ensure that there is a meaningful, appropriately supported pathway for adults with ASD post-diagnosis or post-transition. This may involve a specialist social care and health team brought together by re-allocating existing resources. It must link a social care pathway to the current diagnostic pathway.

The final element of creating an effective response to autistic spectrum disorder will be the engagement of mainstream services. Housing, employment, leisure, volunteering, libraries, colleges, regeneration and others can all make a contribution by adapting and adjusting their offer so that they can accommodate and support people with ASD. All of this will require a strategic focus built on real partnerships to drive through the necessary changes.