

## **PE1704/H**

Autism Network Scotland submission of 30 October 2018

Autism Network Scotland (ANS) is one of the Scottish Government (SG) independent delivery partners for the Scottish Strategy for Autism and is based in the University of Strathclyde. SG identifies a work programme with us which is then monitored, reviewed and revised. More broadly, the University provides a wide range of education and training about autism consisting of anything from basic understanding through to a Masters programme. Overall our role is to develop and promote good and positive practice. My comments are informed by both roles.

As the Petitions Committee will be aware, the original Scottish Strategy for Autism focused on the needs of adults. This was the recommendation of the Health Committee that scrutinised the Private Members Bill who were of the view that children and young people on the spectrum would be able to benefit from mainstream legislation and policies such as GIRFEC and from additional support for learning statute. This approach has changed as a consequence of the recent refresh of the Strategy which sets out priorities that emerged from a public engagement exercise.

This is not to say that there were no child based initiatives up until this point. A major push was in relation to transitions up to the age of 25 and resulted in a Good Principles of Transitions Autism Supplement which identifies seven principles of good transitions and how to go about achieving these in practice. The Scottish Intercollegiate Guidelines Network has also produced a renewed autism guideline that sets standards for the diagnosis and assessment of autism.

Other significant tools directed at improving practice are the NES Training Framework which describes levels of knowledge required for different roles which was originally targeted at health staff but has broadened out and is transferable to other disciplines. The autism toolbox is available to teaching staff across Scotland having been developed by Scottish Autism with some support from ourselves. Training in the use of self-directed support has also been valuable as has the positive partnership initiative with parents to build their knowledge and capacity.

So a lot of necessary thought and effort has gone in to creating the means to diagnose and assess as well as to educate and train staff. Individuals and families are appreciative of these developments where little existed before.

But this Petition is largely asking for direct services to individuals and families and not the underpinning support structures. Autism specific statistics are not always held centrally in that categories are not subdivided in this way but those of us who work in this area know anecdotally that some individuals are waiting longer than a year to be diagnosed and that the stages from referral through to diagnosis and then support can all have setbacks. We also know that the qualification level of staff involved in assessment of need that follows diagnosis varies with some practitioners being informed and others less so.

The Committee is already aware of the findings of the Not Included, Not Engaged, Not Involved report which makes several calls for action to improve the education of autistic children and young people. Having skilled practitioners is vital in enabling autistic children not to be excluded and the University of Strathclyde is currently considering how to improve teacher education programmes so that our graduates will have some knowledge of autism prior to classroom teaching.

The level of change that the Petition requires would need considerable additional resource. The recent publication of the Microsegmentation Report which quantifies economic costs of autism is a useful reference point here in that it highlights per capita costs for autism and other conditions such as dementia where the spend is shown to be considerably higher.

Access to timely diagnosis and of the diagnostic profile should be a right and would increase the likelihood of earlier effective intervention. Additional resource would provide the opportunity for higher levels of trained ASL staff within the classroom, both as teachers and support staff. It would also make it possible to provide specialist support until the age of 25. Scotland has already been down the road of considering an Autism Act and decided against in favour of the Strategy. I suspect that the author of the Petition sees potential statute as a means of unlocking resources.

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