

The All-Party Parliamentary Group on Autism (APPGA) was established in February 2000 to raise parliamentary awareness of autism and campaign for changes to government policy. Members of the APPGA come from all the major political parties, working together to promote the interests of people with autism and their families.

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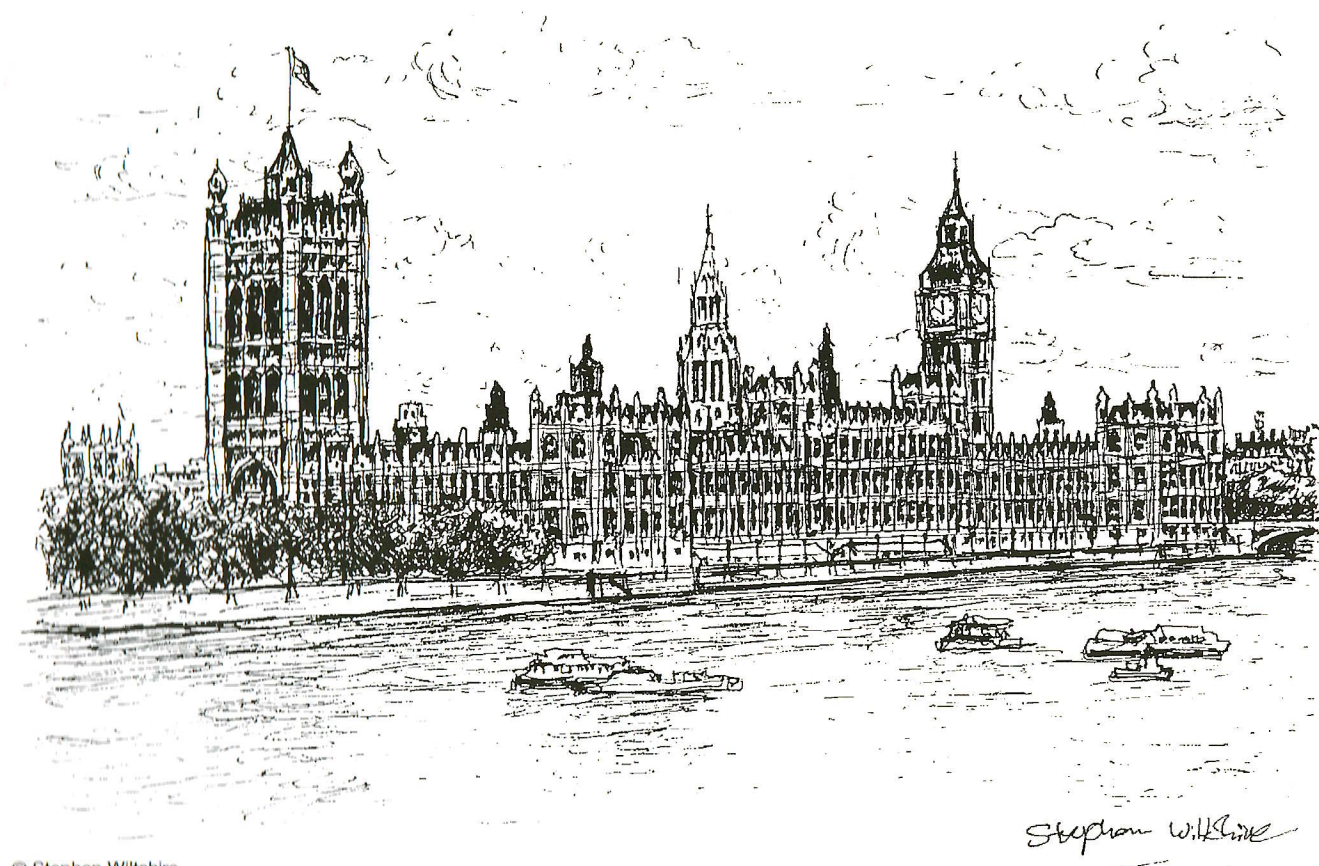
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All-Party Parliamentary Group on Autism



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Policy into practice

Implementation of the National service
framework for children, young people and
maternity services by local authorities

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July 2007

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Summary

The gap between policy ideas and their implementation on the ground is a core concern of the All-Party Parliamentary Group on Autism (APPGA). We aim to account for the difference between the policies we debate in Parliament and what we hear about the impact of those policies from parents, professionals and people with autism¹.

We asked local authorities about their implementation of a key policy for people with autism and their families: the *National service framework for children, young people and maternity services* (the Children's NSF) in England. Councillors and officials responded to two sets of questions in an online survey, and the results represent an illustration of views from across local government.

Central and local government must ensure that the Children's NSF remains compatible with new programmes as they are introduced, and that the vital details contained within the NSF are not to be neglected. At present, the NSF is not seen as a 'must-do' document and, as such, is overshadowed by other, more urgent priorities. Its progress is limited by funding, staff and structural difficulties.

Key findings

- Almost half (44%) of officials and 70% of councillors were not aware of the autism exemplar chapter of the NSF.
- Only 35% of officials and 10% of councillors said their authority uses the autism exemplar chapter of the NSF.
- Authorities with a named manager responsible for autism were far more likely to be aware of the autism exemplar and to use it.
- Awareness amongst councillors was much lower than amongst officials.
- Around half of officials said they keep a count of the number of children with autism and the total number of disabled children.
- Over 20% do not share information on children with autism with any other agencies.
- No respondents said that all staff in health, social care or education were trained in autism.
- Only 4% said that all children with a need for speech and language therapy included in a statement of special educational needs (SEN) receive the full provision.
- Funding was by far the biggest constraint to implementing the NSF: 73% of all respondents said it was a big constraint; no officials and only one councillor said it was not a constraint.
- The second largest perceived constraint was the presence of other, more urgent priorities.

¹ For the purposes of this document the term 'autism' refers to all conditions on the autistic spectrum, including Asperger syndrome.

1. Introduction

Background – reasons for the research

It is clear that there are gaps between the policies created by central government and their implementation on the ground. The motivation for this research was to assess these gaps and the reasons for them – something that has long been a core interest of the All-Party Parliamentary Group on Autism (APPGA).

In 2003 the group produced a manifesto², an ambitious ten-year blueprint for autism services, and its progress is reviewed annually. Clear advances have been made towards some of the manifesto's objectives through new laws, guidance and strategies. But not until their implementation will families and individuals living with autism believe that any of these objectives have been achieved.

One of the identified policies with potential to meet many of the manifesto objectives is the *National service framework for children, young people and maternity services* (the Children's NSF) and it was therefore a natural subject for this survey. Joint working between local authorities and NHS bodies is central to the NSF, but for this survey we chose to focus on how local authorities are putting into practice specific aspects of the NSF: parts of standard eight on disabled children and those with complex health needs; and the exemplar chapter on autism.

Methodology

This survey ran in two phases of questions in April and May 2007. For each of the two survey phases, invitations to take part in the survey were emailed to named individuals in a local authority matching a profile of responsibility for children's services, including councillors and officials in education, social services, health, chief executive's office and directors' offices.

For each of the two survey phases, a three-week period was given for response. Quantitative and qualitative data were collected online³. The survey was sent to 4,985 individual local authority chief executives, heads of service, directors and senior management, plus 3,963 individual councillors with a children's service remit. There were 270 respondents to the first phase, of whom 90 were councillors; and 131 to the second phase, of whom 26 were councillors. Those respondents whose results were not relevant were filtered out.

The results are an illustration of a range of views across local government. To take into account the lower response rate from councillors, their responses have been combined with those from officials, where they are similar; where possible, separate percentage figures have been calculated for both officials and councillors and highlighted where there is a notable difference between them.

About the NSF

National service frameworks are policy documents that set standards of care for the Government's priority areas for the NHS in England. The Children's NSF, produced in 2004, sets 11 standards relating to all children, particular groups of children, and maternity services. Unlike other such frameworks, the Children's NSF is aimed at an age group rather than a condition and does not set specific local targets. Rather, the whole document is expected to be implemented by 2014, with immediate priorities determined locally.

There have since been more specific targets on what the NSF means for Child and Adolescent Mental Health Services (CAMHS). Authorities are expected to use the NSF as part of their Children and Young People's Plan; its implementation is subject to Joint Area Reviews and Annual Performance Assessments of Children's Services.

Existing evidence of outcomes

The reality for families of children and adults with autism is well documented, but there is little information on what services are actually provided. See, for example, The National Autistic Society's *make school make sense* campaign for outcomes related to education, and *Autism: rights in reality* for issues affecting parents and carers as well as adults with autism. These studies found poor outcomes and a shortfall of services for people with autism and their families:

- Only 30% of parents were satisfied with autism understanding of all staff in the school.
- 66% of parents believed their choice was constrained by a lack of provision⁴.
- 70% of parents saw lack of care facilities as a barrier to work.
- Only 15% of carers received any support from social services in their caring role⁵.

This report does not tackle the important issue of short breaks, as it is the focus of current policy developments; the Every Disabled Child Matters campaign and Mencap's Breaking Point have extensive information on this area.

² The manifesto can be downloaded from www.autism.org.uk/appga.

³ Further information about how the survey was conducted is at the end of the document.

⁴ Batten, A. et al (2006). *make school make sense: autism and education: the reality for families today*. London: The National Autistic Society, p6 and p13.

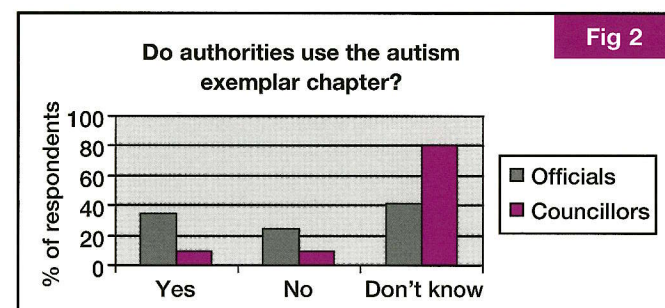
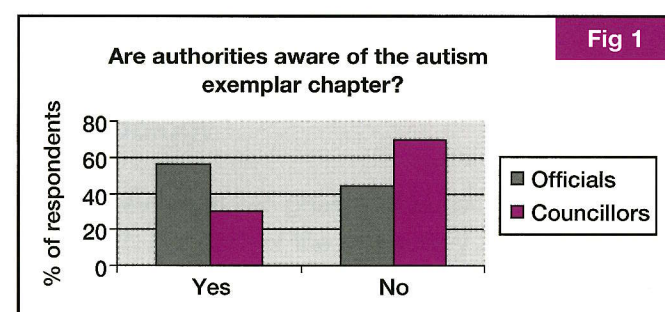
⁵ Broach, S. et al (2003). *Autism: rights in reality*. London: The National Autistic Society, p27.

2. Implementation of the Children's National service framework (NSF) by local authorities

Autism and the Children's NSF

The Children's NSF contains a number of actions relating to autism: within standard eight on disabled children, standard nine on mental health, and the exemplar chapter on autism. This exemplar chapter is one of the only autism-specific policy documents in existence in England. It describes the journey of George, a boy with an autistic spectrum disorder (ASD), and the services he encounters. The Government does not expect the exemplar to be implemented as part of the NSF, but intends it to be used as a model pathway.

Given the significance of the exemplar chapter, it is a concern and a disappointment that awareness of it is so low, at 56% of officials and 30% of councillors. The majority of respondents were not aware of it, and did not know whether their authority uses it; furthermore, only 35% of officials said their authority uses it. Awareness is even lower amongst councillors: only six councillors (10%) felt able to say their authority uses the exemplar.



Where the autism exemplar chapter is being used by respondents, it is being used well. In addition to the uses recommended in the document itself (see Fig 3), authorities are using it:

- to develop diagnostic pathways
- to inform autism working groups as they seek to redesign services
- as an agreed benchmark to co-ordinate activity across organisations
- to establish new autism strategies at a local level
- to establish new forms of support for people with autism and their families.

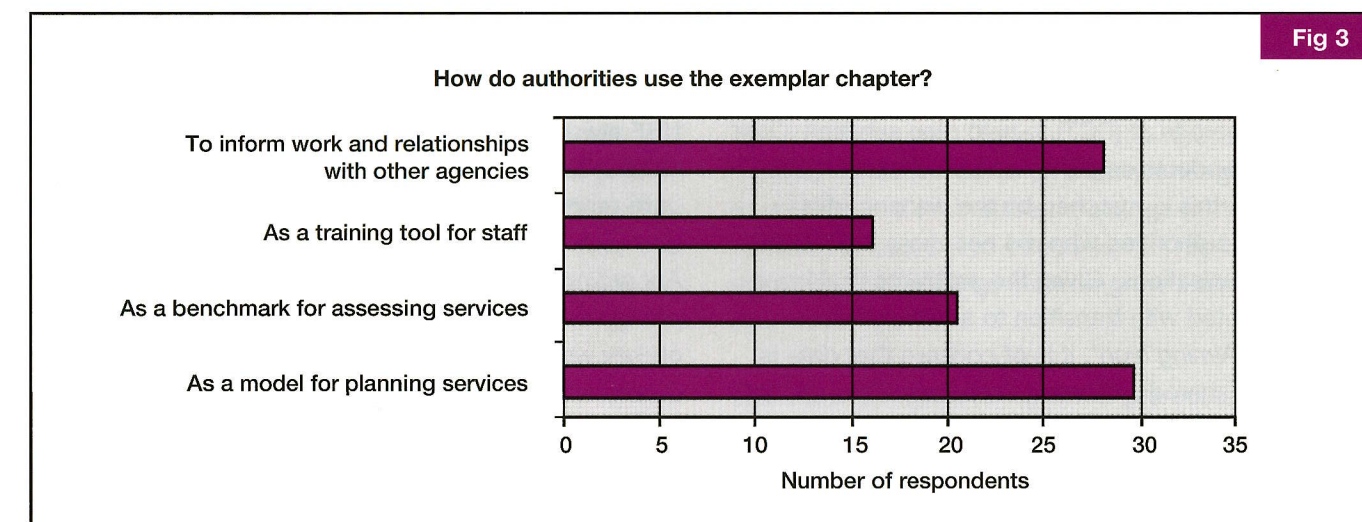
"It enables us to aim for consistency across all agencies and forms part of our joint agency approach for supporting children with autism in the county."

"[It is] used as the basis on which the Autism Support Network across the county was established."

"The preschool assessment process was remodelled to meet the NSF."

"Following a recent Joint Area Review inspection, [it is] used to underpin needs analysis required for a strategy to improve services for this group of children and young people."

A key part of the exemplar chapter, and an essential starting point for joint working, is a multi-agency assessment. 75% of all respondents have a system in place for multi-agency assessment of children with autism. This reinforces the evidence that the process of diagnosis for children has improved. As well as the exemplar chapter, a number of authorities were making use of the *National autism plan for children* in developing a multi-agency assessment.



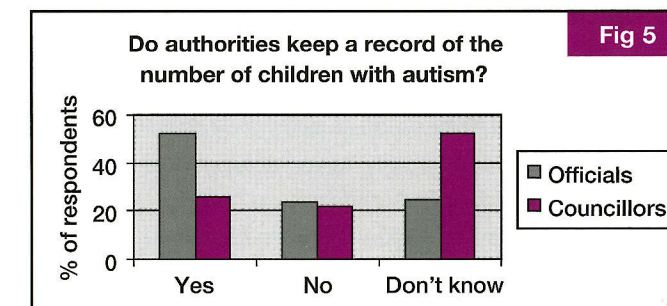
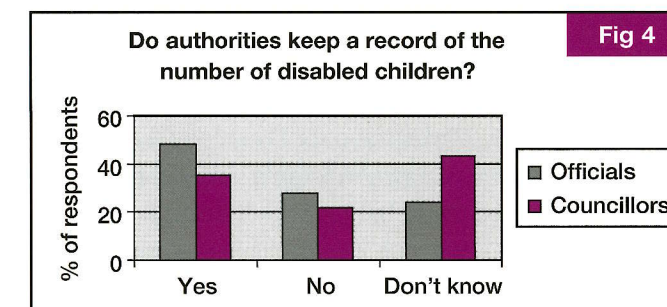
Good practice

"Services for children with an autistic spectrum disorder (ASD) have been developed using the Child and Adolescent Mental Health Services (CAMHS) grant. There is a clinical psychologist and a specialist worker employed on a whole-time basis for ASD. They link directly into CAMHS and the multi-agency disability service."

Record-keeping

NSF requirement: "a multi-agency database containing core data on disabled children, based on shared and agreed definitions," used to plan and evaluate services and monitor their take-up.

A similar number of officials said they do keep a record of the number of children with autism (52%) and the total number of disabled children (48%). In each case around 25% of officials did not keep a record, and around 25% did not know. In both cases a much greater proportion of councillors did not know. Where respondents stated a figure, the number of disabled children was taken from a voluntary register of disabled children, and in many cases the number of children with autism was taken from data on special educational needs (SEN). This suggests that authorities have not yet met the NSF's requirement of a multi-agency



database. The estimates of numbers of disabled children reported by each local authority varied hugely, between 80 and 5,000. This does bring into question the value of a voluntary register: many respondents believed that their official figures were an underestimate. The number of children with autism varied from 98 to 1,275. Again, this is likely to underestimate the true figure if it is taken from SEN data: there are likely to be some children not covered by this data because their needs have not been assessed or met at School Action Plus or via a statement⁶.

⁶Where a child has identified special educational needs, their primary need is recorded by Pupil Level Annual School Census (PLASC) data.

Some authorities reported that they have a specific autism database and receive records of diagnoses from the primary care trust (PCT) to help plan services. Over 20% of respondents said they operated multi-agency registers, but this is matched by the disconcertingly high 22% of authorities who did not share their data with any organisations. Given the problems that have been highlighted with transition to adulthood, for example by *Aiming high*⁷, it is of concern that data is not routinely shared with adult social services – in fact, this was one of the groups with whom data was least often shared. There are separate markers in the NSF relating specifically to transition.

Good practice

"The Strategic Partnership for Disabled Children has recently commissioned some work to cross-reference the SEN database with the case management database in order to produce more accurate and detailed information about all disabled children in Sunderland and their needs. This information will include children with an ASD and will be used for planning services"

"We have a database of all children known to the south west disability team including all disabilities. It has 300 children on it. It is significantly more useful than the disability register which nationally is very inaccurate."

Key workers

NSF requirement: "Families caring for a disabled child with high levels of need have a key worker or care manager."

According to *Aiming high*, the Government's recent policy review on disabled children, "available evidence on key workers suggests that they improve the overall quality of life of families with disabled children".⁸

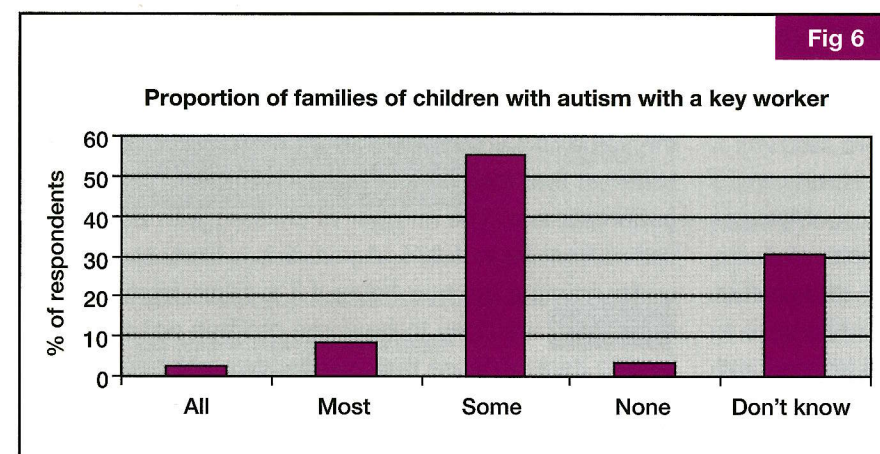
Over 50% of respondents said "some" children have access to a key worker or care manager. A small minority of respondents said that either no or all families of children with autism have a key worker.

Of the 32 respondents who gave a figure of how many families of a child with autism have a key worker, 21 gave a figure in either the 0-25% or the 25-50% range. The NSF does not require all families of children with autism to be given a key worker, only those with a high level of need; but we would suggest that if it is possible for some authorities to provide all families of children with autism with a key worker, it is not acceptable for no families at all in another area to have access to this service.

Thresholds set by local authorities, and their definition of a 'high level of need', can affect access to services; as one respondent said, "many families with an autistic member feel they have to be approaching or at crisis point before services will be provided." The NSF

reports that only a third of families of disabled children have access to a key worker, and has a separate requirement that thresholds for determining access to services are transparent and developed with health services and voluntary providers.

The Early Support programme was highlighted without prompting by several respondents as an enabler



⁷ HM Treasury and Department for Education and Skills (2007). *Aiming high for disabled children: better support for families*, p40.

⁸ HM Treasury and Department for Education and Skills (2007). *Aiming high for disabled children: better support for families*, p37.

for developing a key worker service. Early Support provides families with disabled children with information and a first point of contact and is now being extended to disabled children under five years old. The Common assessment framework was also mentioned by a number of respondents. It is clear that partnership with other organisations is helpful to a successful key worker service. Some examples given illustrate use of less obvious partners:

"The local authority is currently developing a model for the training and implementation of key workers/care managers in partnership with Manchester University."

"The Child Development Unit at Peterborough District Hospital has good procedures for early years. There is an integrated multi-agency team for autism (IMAT); this group meets weekly and is helping to develop policy and provision."

Lack of funding and dedicated time are the key constraints limiting the ability to provide key workers, but there are other significant factors that were frequently reported: reorganisation of health and local government; recruitment of social workers; competing priorities for spending; and issues particular to autism, including increased diagnoses and lack of awareness among the authority and services.

Good practice

"We have an early intervention service specifically for children with an ASD under school age. This combines direct work with the child with support to home and pre-school settings. Nearly all those with a diagnosis or those identified as likely to receive a diagnosis are offered this service."

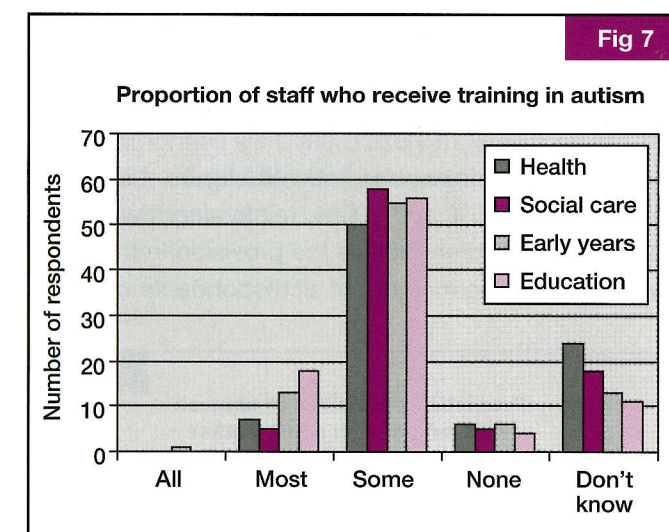
"The ASD Advisory Team works very closely with health professionals involved in identification and diagnosis, so are informed of all children diagnosed. Parents will be contacted and offered various levels of support if they wish to take this up. We also work closely with the local NAs and other voluntary groups to ensure parents have access to support."

Training

NSF requirement: "Training in the needs of disabled children is delivered to all staff working in specialist and mainstream settings in health, social care, early years and education...This includes the diversity of disability, including invisible disabilities such as autism."

Training in autism is an essential prerequisite for the provision of quality services for children and families. The NSF states that all staff in health, social care, early years and education should receive training in autism; although it is an imprecise requirement, the inclusion of invisible disabilities such as autism means that training in this condition should be seen as a priority.

Yet not one respondent said that all staff from health, social care or education are trained in autism, and few said that most staff received such training. Only one respondent could say that all early years staff receive autism training. Over 50% of all respondents said that "some" staff in health, social care, early years and education have training in the needs of children with autism. Between 5 and 10% said that most health and social care staff receive training in autism, but a similar proportion said that those groups of staff receive none at all. More staff in early years and education were thought to receive training in autism than in other sectors.



As illustrated in Fig 3, the least common use for the exemplar chapter on autism was as a training tool (49% of all respondents who use it at all). This is fairly disappointing because one of its key purposes is to illustrate the core skills and competencies needed by

professionals. But the importance of autism training was recognised by respondents:

“Agencies need increased training concerning what autism is and to understand that parents of children with an ASD often need additional understanding and skills to support and manage their children.”

“The lack of recognition of autism as a standalone condition, bundled in with either mental health or learning disability (is a constraint to implementing the NSF).”

Speech and language therapy

NSF requirement: “The supply of timely therapy services is sufficient to meet the needs of children and young people who require it, based on assessed needs.”

Local authorities are legally bound to deliver the contents of parts one to three of a statement of special educational needs; case law has confirmed that speech and language therapy (SALT) is an ‘educational need’ in itself and should therefore be contained in part three. But it has nevertheless been highlighted as an aspect of special education for which delivery does not always match need. In order to obtain an accurate figure, we asked respondents specifically about their provision of SALT in response to the need identified by statements. 49% of respondents believed that “some” or “most” children with an assessed need for SALT received the full provision, although over 40% did not know.

Of the 26 respondents who knew the figure, 12 gave a figure between 75% and 100%, reinforcing that most, but rarely all, children receive the provision in their statement. But the majority of all respondents did not

know the figure, and did not know the length of the gap between issue of statement and delivery of therapy. Again, the NSF is imprecise in stating that therapy must be “timely”, but any delay in delivery of therapy after a statement is issued is a breach of that statement.

Enablers of rapid and effective SALT identified by local authorities are almost entirely related to joint working: between practitioners on the ground, between schools and the local authority, and joint protocols between primary care trusts (PCTs) and local authorities.

When asked what constrains this provision, there was a split between the overlapping issues of resources and recruitment of therapists. A number of respondents questioned whether therapists were always essential, stating that upskilling of other professionals had helped. The legally enforceable nature of statements clearly assists in receiving access to therapy, but respondents noted that a statement is not necessary to meet speech and language needs.

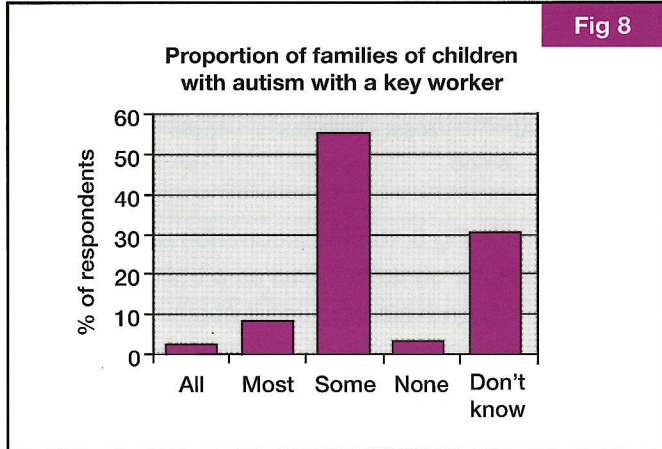
“We have a specialist speech and language therapist who can provide consultation and advice to schools re children with an ASD who do not have a statement.”

“Children without statements have access to specialist teachers whose skills include the ability to deliver speech and language/social communication advice and interventions. Speech and language therapy assessments and interventions should run collaboratively.”

Good practice

“There is a specialist preschool and a specialist school-age SALT attached to the ASD assessment service. They will assess a child in school, in clinic and/or at home within a short time of the child being referred.”

“The ASD Advisory Service has termly planning meetings with the school SEN Co-ordinator, and the school-age SALT, when all children with an ASD are reviewed. The SALT arranges to assess/reassess children and update programmes to be implemented in school by school staff with support from the ASD team, such as social skills groups and specific language programmes. This is not dependent on statement.”



3. Comparisons between groups

Communication breakdown: awareness amongst councillors

It is to be expected that officials working with policies on a daily basis are more informed than elected councillors about the implementation of those policies. But the data above illustrates that this difference in awareness is quite stark. Given that councillors have such an important role in making decisions about priorities and funding, it is of some concern that their knowledge of key services for children with autism is apparently much lower than that of officials.

The data showed that, even though officials’ knowledge was not high, councillors were much less likely to know whether the autism exemplar chapter was used, whether records were kept on the numbers of disabled children and those with autism, and whether this data was shared. It is important that councillors are kept aware of developments in services and gaps in their provision.

Responsibility and responsiveness: named managers for autism services

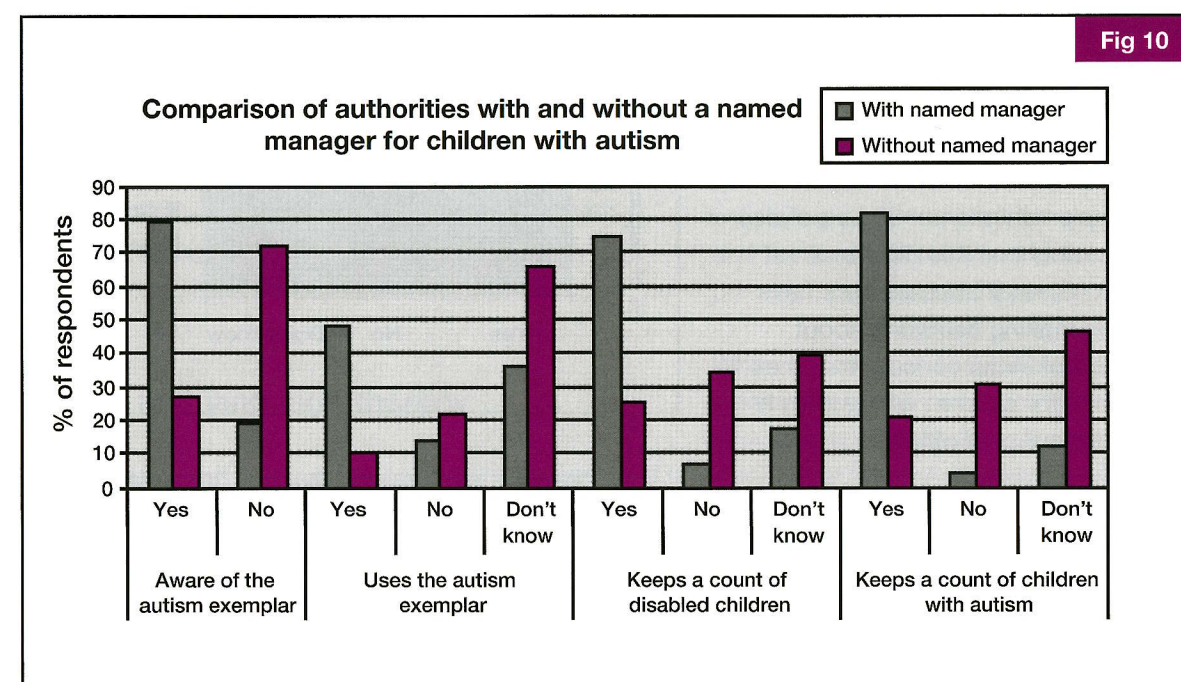
Appointing a named manager for autism services is not mentioned in the Children’s National service framework (NSF), but is one of the key objectives in the All-Party Parliamentary Group on Autism (APPGA) manifesto, for both children and adults. This will soon be fulfilled for adults: the new directors of adult social services must ensure that a named manager takes responsibility for certain ‘client groups’ including adults with autism.

In the absence of a similar requirement for children, 42% of officials and 19% of councillors said that their authority has incorporated autism into the job description of a senior member of staff; the discrepancy in figures appears to be because councillors are not aware of this.



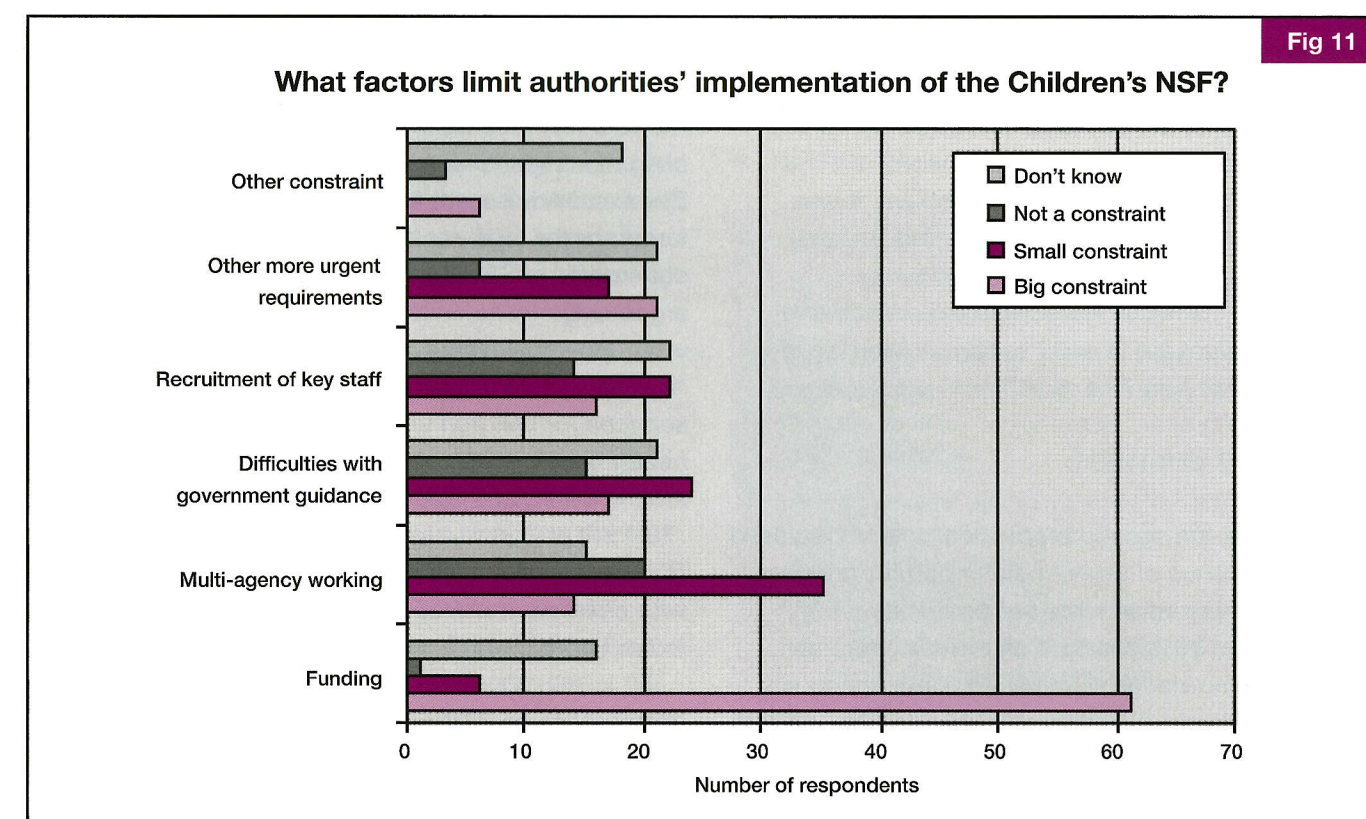
It is moderately encouraging that this has developed without a requirement to do so; but it is also indicative of the level of need. The range of job titles given shows that autism is managed at different levels and by different departments: often the Head of Inclusion or Integrated Disabled Children’s Services; sometimes other professionals such as an advisory teacher or educational psychologist; and in a small number of cases there is an autism-specific management role, such as autistic spectrum disorder (ASD) Co-ordinator.

The presence of a manager with responsibility for autism appears to have a strong correlation with positive practice, as demonstrated in Fig 10, which combines responses from councillors and officials. Authorities with a named manager were much more likely to be aware of the autism exemplar chapter and were much more likely to say their authority uses it. These authorities were more likely to keep a record of the number of disabled children and the number of children with autism.



It is unclear whether a named manager makes an authority more responsive to the needs of families living with autism, or whether the more responsive authorities are more likely to appoint a named manager. But it is evident that named managerial responsibility for autism coincides with good practice. Therefore, we recommend, as stated in the APPGA manifesto, that local authorities appoint a named manager with responsibility for certain client groups, including people with autism, in the same way as the new directors of adult social services.

4. Constraints



Funding

By far the biggest factor limiting implementation of the Children's National service framework (NSF) is funding, according to respondents. A lack of funding was also frequently cited as a constraint against providing key workers and rapid and effective speech and language therapy. As many as 73% of all respondents noted funding as a major constraint; no officials, and only one councillor, said funding was not a constraint.

"[There is a] high level of anxiety about how to deliver services within the financial envelope to meet standards in all children's services."

"Autism is a low priority because it costs money that is not budgeted for."

"ASD strategies may be implemented but they need to be costed and until appropriate funding is available the strategy cannot be delivered."

Funding is plainly an over-riding concern that limits implementation of the NSF. But this is likely to reflect respondents' general concern about funding for local government, as many of those who said that funding is a constraint had little awareness of the Children's NSF and its requirements. Therefore, funding alone cannot be blamed. The other factors mentioned by respondents are connected to the funding issue but reveal the reasons the NSF is not being implemented quickly.

Staff and structures

Over 50% of respondents said that implementation of the NSF was limited to some extent by multi-agency working, difficulties with government guidance and recruitment of key staff. More specifically, multi-agency working was inhibited by the financial difficulties faced by some primary care trusts (PCTs), and the knock-on effect this has on local authorities through 'cost-

shunting'. Reorganisation was noted as a constraint, including the time taken to restructure children's services following Every Child Matters and the recent reorganisation of NHS bodies.

Where recruitment was cited as a problem, it was usually related to a lack of social workers and key clinical staff, including speech and language therapists. In particular, those with experience and training in autism are in short supply. Authorities in high-cost areas also face recruitment problems.

Competing priorities

After funding, the second biggest constraint disclosed was the existence of other, more important priorities, with 32% of all respondents seeing this as a big constraint and 26% seeing it as a small constraint. The lack of knowledge of many respondents shows that the Children's NSF does not have a high profile. There was also a perceived conflict between different sets of guidance from central government: the most frequently raised conflict was between pupil attainment and inclusion of children with autism in mainstream schools. The volume of new initiatives was also criticised:

"[The] continuing emerging plethora of guidance without prioritisation of requirements can lead to some areas not being looked at."

"There are high numbers of government 'priorities'. It is extremely difficult to implement them all in a coordinated and rational way."

Not a 'must-do' document

As mentioned, the immediate priorities for implementation of the NSF are to be determined at a local level. It was, therefore, interesting to note that authorities struggled to select immediate priorities from a list of the NSF's standards. Priorities given by authorities were much more likely to correspond to the five outcomes in Every Child Matters. Other respondents gave local priorities, including a local area agreement based on the Every Disabled Child Matters charter.

It is evident that those policies for which there is an imminent deadline, a target or a sanction for non-implementation take priority. Progress is more visible where authorities have a specific target or other obligations that overlap with the NSF – such as the Child and Adolescent Mental Health Services (CAMHS) target, or the legal requirements attached to statements of SEN. Our respondents reinforced this argument:

"It is always a struggle to maintain and develop services for children with disabilities and complex health needs in competition with services for looked after children and safeguarding."

"Children with an ASD [are] competing for a service with children at risk of harm, at risk of becoming looked after."

"Without key indicators and 'must dos' relating to the NSF it is inevitable that we are prioritising those aspects of the NSF that contribute to our performance agenda."

This demonstrates the need for a new disabled children's indicator, as proposed in *Aiming high* and recommended by the Every Disabled Child Matters campaign. This is a vital opportunity to create an all-important 'must-do' for local authorities. It also suggests that in order to have the greatest impact, the indicator must be clear and enforceable; relevant to all disabled children, including children with autism; and compatible with the NSF.

5. Conclusion

The problems alluded to above – resources, recruitment, reorganisation, the workload passed down by central government – are applicable to all services delivered by local authorities. If the Children's National service framework (NSF) is on an authority's backburner, it is usually because there are more urgent priorities. However, a strength of the NSF is its long-term nature. Respondents told us that "the NSF standards are being utilised as benchmarking when undertaking service reviews and redevelopments". The NSF is and will remain useful in this regard.

The importance of the NSF should not be understated. Guidance on the Children and Young People's Plans states that the plan should be used alongside the NSF and show how it will be implemented. Supporting local delivery⁹, the document setting out the national support available to local agencies implementing the NSF, states that the NSF forms an integral part of the Every Child Matters programme. Furthermore, the NSF links to many findings of *Aiming high*, which states that:

*"Where families have co-ordinated support, through joint planning, commissioning, assessment and provision, or through a key worker or lead professional, disabled children and their families are more likely to benefit from better co-ordinated support from accessible, knowledgeable professionals in both universal and specialist services."*¹⁰

It is vital that the NSF is not forgotten or neglected, and that it remains relevant when new initiatives, targets and priorities are introduced with more urgent deadlines. Central government must ensure compatibility between this and other initiatives. A message for the Prime Minister and Cabinet is that while local improvements are always needed, compatibility is essential.

What MPs can do

MPs can take a number of actions to support the work of the All-Party Parliamentary Group on Autism (APPGA) and drive forward the implementation of the Children's NSF. Contact the Clerk to the APPGA on 020 7903 3769 or email appga@nas.org.uk for further information.

- Join the APPGA
- Sign up to the APPGA manifesto
- Become a 'manifesto champion' and drive forward one of the objectives in the APPGA manifesto
- Take the following actions in your constituency:

1. Ask the Ministers responsible how they will ensure that the Comprehensive Spending Review will deliver for people with autism.
2. Convene a meeting with the local authority, primary care trust (PCT) and local voluntary groups to discuss joint working in provision of autism services.
3. Ask your local authority and PCT whether they use the autism exemplar chapter of the Children's NSF, and how they use it.
4. Ask local agencies whether they collaborate to ensure a multi-agency assessment is available for children with suspected autism.
5. Ask whether local agencies maintain a database on the number of children with autism, and the total number of disabled children, that is routinely shared with other agencies.
6. Ask whether your local authority provides a key worker service for families of children with autism, and how it decides who receives the service. Is the Early Support Programme used to provide integrated support after a diagnosis?
7. Ask your local authority how training in autism and disability is delivered and cascaded. Many local and national voluntary organisations are able to provide autism training.
8. Ask what arrangements are in place for joint working in relation to speech and language therapy. Does the local authority work with schools and PCTs to ensure that therapy is delivered where there is a need, regardless of statements?
9. Ask whether councillors in your area are engaged in the development of services for children and adults with autism and disabilities more generally.
10. Ask whether your local authority has appointed a named manager with responsibility for autism. Tell them about the benefits of this approach suggested by this survey.
11. Ask whether and how the Children's NSF is incorporated into your local authority's Children and Young People's Plan.

⁹ Department of Health and Department for Education and Skills (2004). *Supporting local delivery*, p3.

¹⁰ HM Treasury and Department for Education and Skills (2007). *Aiming high for disabled children: better support for families*, p37.

Appendices

Appendix 1: references and further resources

National service framework for children (2004), Department of Health. Standard 8: disabled children and young people and those with complex health needs – document 40494, gateway number 3779
Exemplar chapter on autistic spectrum disorders – document 40494, gateway number 3820.

National autism plan for children (2003), published by The National Autistic Society for NIASA in collaboration with the Royal College of Psychiatrists, the Royal College of Paediatrics and Child Health and the All-Party Parliamentary Group on Autism.

Aiming high for disabled children: better support for families (2007), HM Treasury and Department for Education and Skills.

Early support: further information available at www.earlysupport.org.uk and www.autism.org.uk/earlysupport.

Every Disabled Child Matters, including local authority charter at www.edcm.org.uk

Appendix 2: methodology: further information

This survey ran in two phases and was carried out free of charge for the All-Party Parliamentary Group on Autism (APPGA) by media and research firm Public Technology Ltd, the leading publisher of online news and information for public sector professionals, including websites www.PublicTechnology.net, www.PublicPolitics.net, www.WhitehallPages.net and www.EducationPages.net. It runs online surveys for private and public sector clients.

For each of the two survey phases, invitations to take part in the survey were emailed to named individuals at local authorities matching a profile of responsibility for children's services including councillors and officials in education, social services, health, the chief executive's office and directors' offices.

- 4,985 individual local authority chief executives, heads of service, directors and senior management, plus
- 3,963 individual Councillors with a children's service remit.

For each of the two survey phases a three-week period was given for response. Public Technology's online survey system collected quantitative and qualitative data. Each individual was only able to enter a single response to each phase of the survey.

The survey ran in April and May 2007 with a different set of questions in each phase. The secure online web-based surveys stored respondent information in real time as each respondent completed the survey, question-by-question.