

Autism Fact Sheet

Introduction

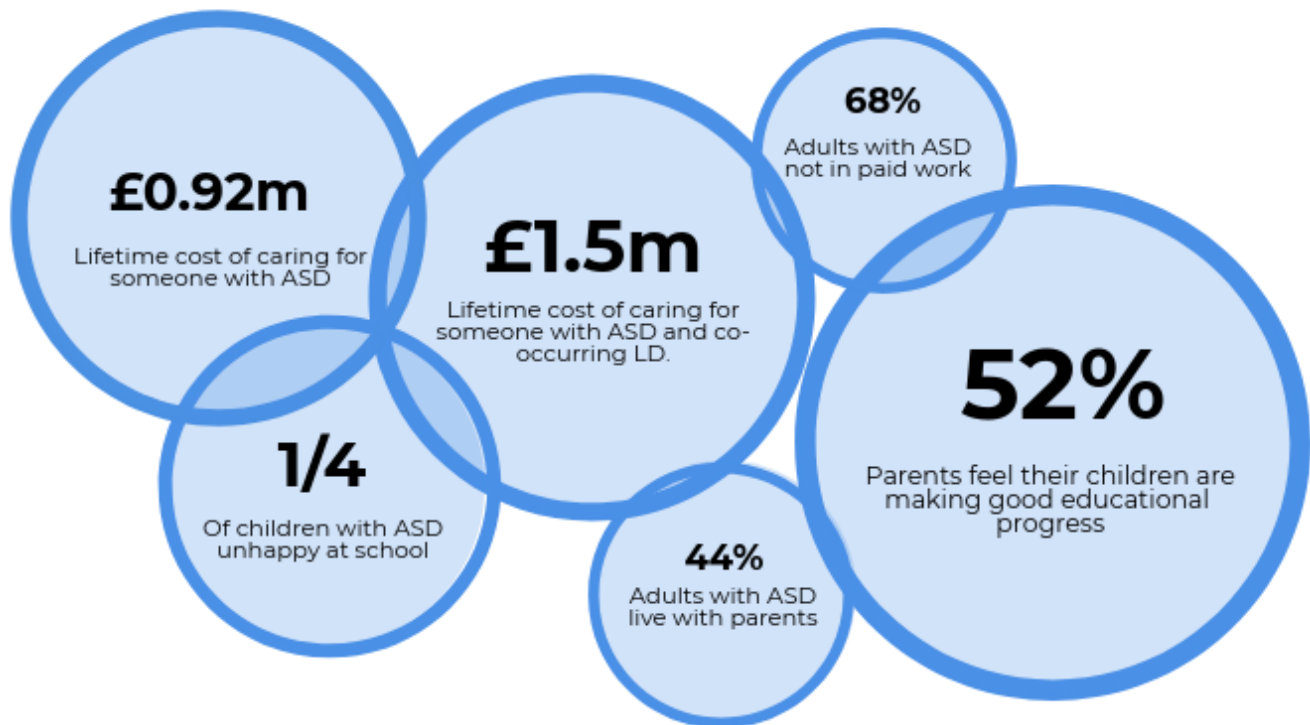
Autism Spectrum Disorder (ASD) is a lifelong developmental disability. It is defined by two main characteristics: impaired social interaction and communication, and restrictive, repetitive and stereotyped patterns of behaviour.

There are often conditions that co-occur with ASD. Learning Disabilities (LD) are characterised by a reduced ability to understand new or complex information, learn new skills, and cope independently; almost half of people with ASD have a co-occurring Learning Disability.

Evidence suggests that a range of genetic and environmental factors can moderate ASD incidence. There is no evidence of a causal association between MMR or other vaccines and incidence of ASD.

Impact - Why does this matter?

Some people with ASD, particularly older adults, live without a diagnosis. Without a diagnosis, it is more difficult for individuals with ASD to access the appropriate health and social care support that they are entitled to.



Key Drivers

[UN General Assembly Resolution 67/82 \(2012\)](#)

[Think Autism \(2014\)](#)

[NHS Long Term Plan \(2018\)](#)

[The Autism and Education in England Report \(2017\)](#)

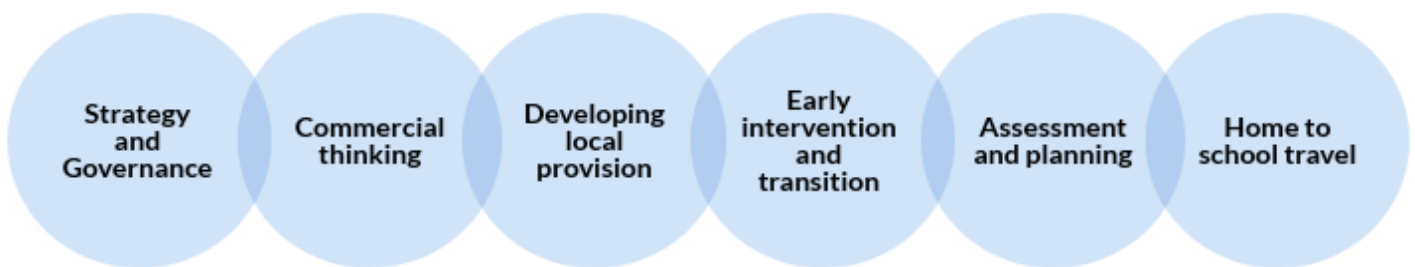
- Identifying and assessing the needs of people with ASD
- Transition (child to adulthood) planning
- Local leadership
- Improve the NHS understanding of the needs of people with ASD and improve the quality of inpatient care
- Workforce development around ASD
- National review of Special Educational Needs and Disability (SEND) funding
- Improve quality of inpatient care across the NHS and independent sector

The NHS Long Term Plan also commits to the following:

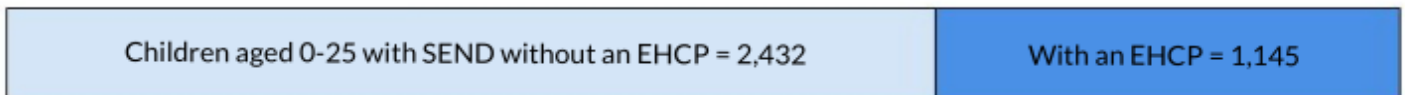
- Tackle the causes of morbidity and preventable deaths in people with ASD and people with an LD
- Reduce waiting times for specialist autism services
- Stop over medication of people and support treatment and appropriate medication in paediatrics
- Increase investment in intensive, crisis and forensic community services to support personalised care
- Review and strengthen the existing Care, Education and Treatment Review (CETR) and Care and Treatment Review (CTR) policies

Local Picture

[Kingston SEND Transformation Plan \(2019-2020 to 2020-2021\)](#) addresses the financial challenges to services working with children with Special Educational Needs and Disabilities (SEND), and responds to the most recent OFSTED and CQC inspections. Children and young people with SEND have learning difficulties or disabilities that make it harder for them to learn than most children of the same age, and children with ASD make up a part of this cohort of people. The plan commits to the development of an autism school in Kingston, and is framed around six work streams:



There are 3,577 children and young people with SEND aged 0-25 in Kingston upon Thames, 32% of these individuals have a health and care plan (EHCP) to describe and put in place the education provision and support they need.



Number of children with ASD known to schools

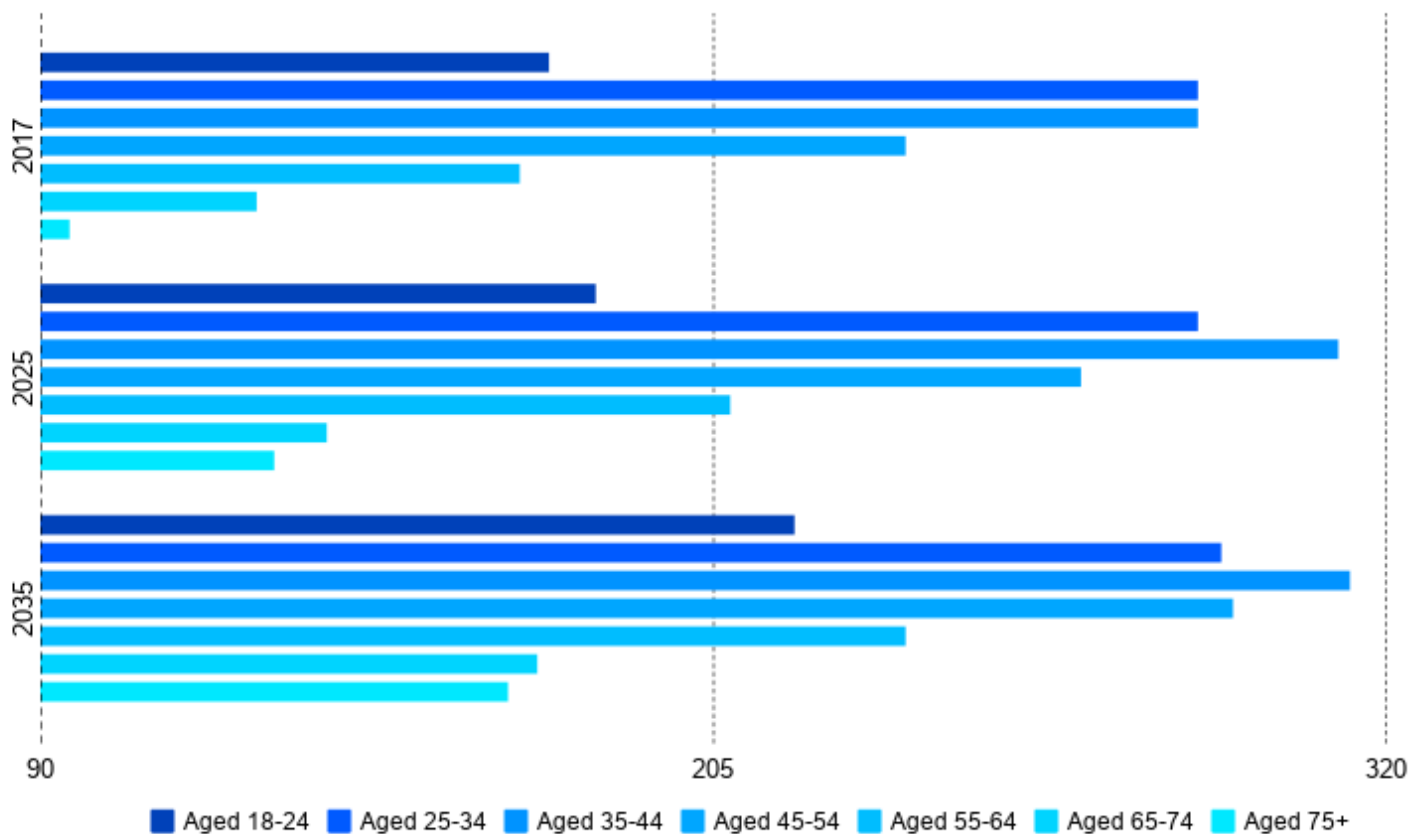


Number of adults with ASD in the borough



There is no data collected on the total number of people with ASD on a national or regional scale. The estimation of approximately 700,000 people with ASD in the UK is based on two epidemiological studies on the prevalence of ASD in the UK, applied to the 2011 Census. The suggested prevalence rate of 1.1% can be applied to the total population of Kingston (179,581) to provide an estimate of a total of 1,975 people with ASD living in Kingston.

ASD - All people (actual and projected)



Community Engagement

While the call for greater community involvement is strong across public sectors, people with ASD are often less involved. A recent workshop highlighted the following:

- A lack of local specialist provision and mainstream services that lack understanding of ASD
- Workforce development and the need to raise awareness amongst the general public
- Ensuring that reasonable adjustments are shared across organisations to disseminate learning
- Communication and signposting including a strong demand for a community hub
- Pathway development, including the entry points of diagnosis to the health and social care services
- Employment and education to ensure that people are supported to live independent lives

Current Services

There are currently three ASD diagnostic services in Kingston. Children up to 5 years are seen by Community Paediatrics based at the Moor Lane Centre. Children above that age are first seen by a GP, or school, or social worker, or paediatrics, and referred to Kingston CAMHS SPA. For adults aged 18 years and over, an open referral system is in place for Neurodevelopmental Services provided by Your Healthcare.

Post diagnostic supports includes CAMHS teams if there are severe problems and treatments such as medication or Cognitive Behaviour Therapy is needed. There is recognition by service providers that there is a need to better integrate commissioning, funding and delivery of health and social care for children and young people with ASD in Kingston and South West London generally.

Other support services include:

- Balance CIC help adults with high functioning ASD develop independence
- Achieving for Children ASD social skills groups
- National Autistic Society raise awareness of ASD locally using workshops

- Express CIC run a therapy group that aims to meet the social and emotional needs of children with ASD by offering drama, storytelling and art sessions
- The Tolworth Area Plan (2018) identifies the action to support Express in their asset of community value plan for a hub to support young people with autism
- Fastminds is a user-led group run entirely by volunteers, providing support, friendship and understanding to adults with ASD
- The Connect Clinic at the Wolverton Sexual Health Centre, Kingston Hospital runs a sexual health clinic for people of all ages with ASD or an LD

A new free school for children and young people with special educational needs and disabilities (SEND) is being established at Moor Lane, Chessington in September 2022, and will provide 90 places for children and young people aged 5 to 19 who have ASD. The new school will help to reduce the number of children with ASD having to travel to schools outside of the borough.

Recommendations

CAMHs, NHS and CVS services should collect information about the number of children, young people and adults with ASD in the borough so as to inform commissioning decisions.

AfC and Adult Social Care should review and update the existing ASD strategies for adults and children into a single document covering all ages, and ensure this is aligned to national and local drivers and best practice.

The chairs of the LD, mental health and SEND Partnership Boards need to ensure that ASD is included in the board agendas.

Adult Social Care, AfC, Public Health, Your Healthcare, CAMHS and St George's should fully develop the ASD board, including strengthening the voice of children, young people, adults and their families.

CAMHS, NHS and CVS organisations should ensure that the pathways for diagnosis and management of children, young people and adults with ASD are clear for healthcare professionals and service users.

The ASD board should clarify the proposal for developing a community hub and ensure that organisations are linked in to provide the relevant information and signposting.

The ASD board should have oversight of the development of a multi-organisational training and provide ASD awareness training for local government, healthcare and support staff.

The ASD board should have oversight of the development and dissemination of reasonable adjustments and what they look like in different settings to spread learning.

The ASD board should have oversight of raising awareness of identification and assessment of ASD amongst the general public, teachers and healthcare workers, so that diagnosis takes place at an earlier stage.

References

You can find the full Joint Strategic Needs Assessment chapter on Autism and other references by following the link below:

http://kingstondata.wpengine.com/wp-content/uploads/2017/09/JSNA_AutismChapter2015.pdf