



Stockport JSNA

joint strategic needs assessment



2015-19 JSNA

Autism

July 2017



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Key summary



Autism is a lifelong condition that affects how a person relates to, and communicates with, other people and affects how a person makes sense of the world around them.

It is estimated **that 3,140 people in Stockport (640 children and 2,500 adults) are living with autism.** Prevalence rates are stable and are not expected to change significantly.

- 1,170 people are recorded by GP practices as having autism
 - rates for younger people are far higher than those for adults
 - rates have increase by 50% since the last JSNA in 2013
- 640 children and young people are recorded by schools as having autism
- Very few people with autism access social care services.

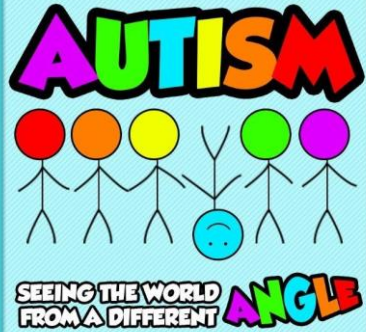
In Stockport rates of diagnosis and recoding for children with autism match expected prevalence rates, however rates for adults are far lower than expected – there are therefore likely to be many adults with autism who are unknown.

Prevalence rates are far higher in men than women, there is some evidence that **women with autism are both underdiagnosed and misdiagnosed**, often with anxiety and depression.

There is an **increase in autism diagnosis as deprivation increases**; this relationship is not as strong a deprivation profile as for other conditions, but does suggest that people with autism are more likely to live in areas of social disadvantage.

People with autism are much more likely than the general population to also have certain other long term health conditions; particularly learning disability, epilepsy and mental health conditions. Co-morbidities can exacerbate autistic symptoms, so treatment needs to be holistic.

The Stockport Adult Autism Strategy 2017-2020 is being updated and will be available in mid- 2017.



Autism is a lifelong condition that affects how a person relates to, and communicates with, other people and affects how a person makes sense of the world around them.

It is estimated that more than **1 in 100 people are living with autism in the UK** – around 700,000 people. Autism affects people from all backgrounds and appears to be more prevalent in men than women.

Autism is known as a spectrum condition, because both the range of difficulties and the way that these affect different people can vary between individuals. People with autism may also have a learning disability, epilepsy, attention deficit hyperactivity disorder, mental ill health or other conditions.

The exact cause of autism is still being investigated. Research into causes suggests that environmental factors may increase a person's risk of developing ASD if already genetically predisposed to the condition. These factors include but are not limited to: parental age at conception and exposure to chemicals / medications during pregnancy. **Autism is not caused by a person's upbringing**, or their social circumstances and is not the fault of the individual with the condition.

There is no 'cure' for autism. However, there are a range of strategies and approaches - methods of enabling learning and development - which people may find to be helpful.

Carers are important in support for children with autism, and the carers' role often extends to adults with autism. With 700,000 people on the autism spectrum and including their families, autism is a **part of daily life for 2.8 million people in the UK**.

More information about autism can be found on the NHS Choices website www.nhs.uk/Conditions/Autistic-spectrum-disorder/Pages/Introduction.aspx and the National Autistic Society website www.autism.org.uk



Autism: Terminology note

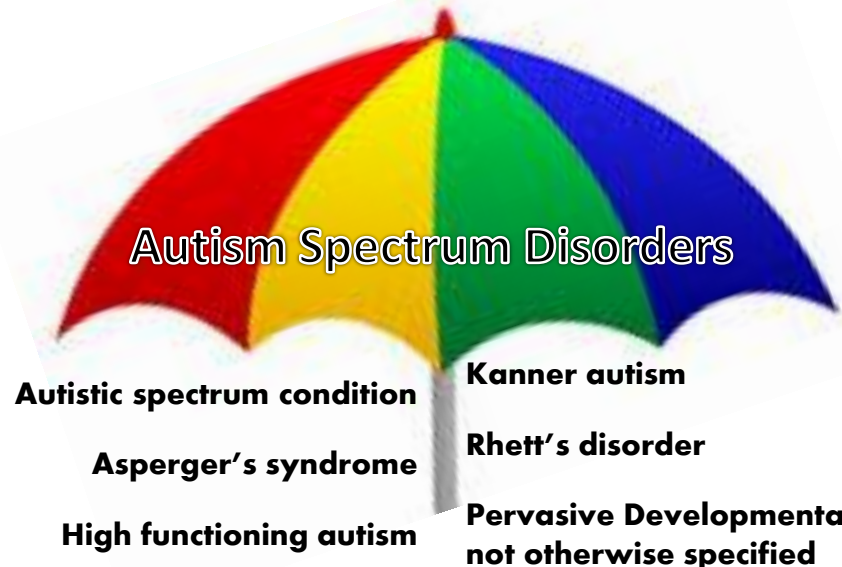
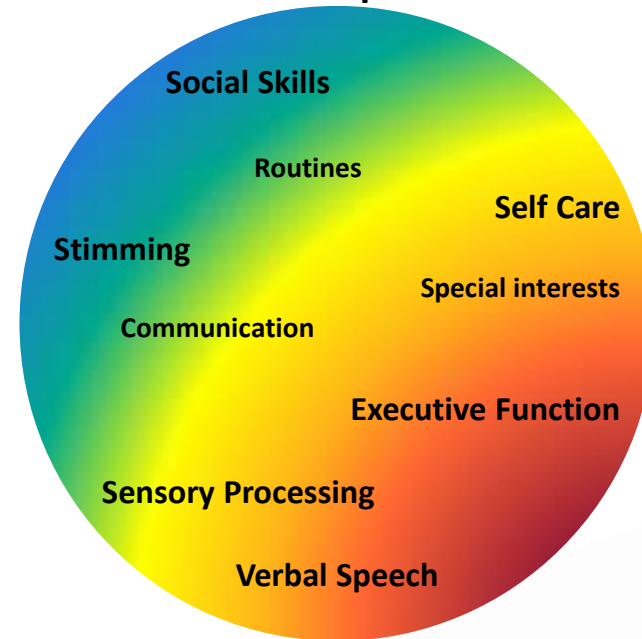


A number of different words have been used to describe autism. This reflects the fact that autism is a spectrum disorder that affects each individual differently.

It also comes from the range of diagnostic tools and manuals that are in use. **The words used include autism, Asperger syndrome, autistic spectrum condition (ASC), autistic spectrum disorder (ASD), high functioning autism (HFA) and Kanner autism.**

There is no general agreement about which is the best term to use. **Autism spectrum disorder (ASD)** is probably used the most as a diagnostic term because of changes to the key manuals used to diagnose autism. ASD and autism are the terms used in this JSNA.

The Autism Spectrum:





Autism: Different difficulties



Getting a formal, multi-disciplinary **diagnosis can help autistic people to understand why they have difficulties** in certain areas of their lives. It may help them to get access to services and support and to develop strategies to manage their lives. Following diagnosis, many people with autism will be assessed as experiencing persistent difficulties that limit their daily lives in some key areas:

Social communication

Some autistic people have little or no speech and may choose to communicate using symbols. Others may be highly articulate, but still struggle to grasp some of the non-verbal elements of a conversation. Some autistic people find it hard to understand facial expressions, tone of voice and sarcasm and assume that people literally mean what they say. Imagining future events or understanding abstract concepts can also be a challenge, and some people may talk at length about their own interests. Using plain language and giving extra time to process what has been said can help.

Social interaction

Autistic people may find it hard to initiate and maintain friendships. They may find it difficult to recognise their own and other people's feelings and intentions, or appear to behave in socially inappropriate ways or insensitively. If overloaded by others, autistic people may need to take time out by themselves.

Sensory sensitivity

In some of our local consultation sessions, autistic people have reported that they feel the sensory problems, and their implications, are often not fully understood or taken into account by other people. This can include sensitivity to sound, touch, taste, temperature, smells, light, colours or pain. Some things may cause physical pain or high levels of anxiety and distress. Alternatively, people may be fascinated by lights or moving objects. Reduced sensitivity to pain may lead some autistic people to under report illness or injury.

Repetitive behaviours, activities or interests

Autistic people often prefer routines that help them to live in an unpredictable and confusing world. This might include eating the same food, wearing the same clothes and travelling the same route to a particular destination. Rules can help to provide the same structured environment many people prefer.

Interests

Some autistic people have very focussed interests that help them to maintain their wellbeing and happiness. These can change over time and may be unusual. They may become attached to an object or enjoy collecting things. Repetitive behaviours (hand flapping, jumping) or routines can help some people reduce or increase sensory input or deal with stress.



Autism: predicted prevalence



Research on adults in the general UK population and those in residential care settings with severe learning disability has given an autism prevalence figure of 1.1%, with 0.3% in women and 2.0% in men (Brugha et al, 2012). Applied to the adult population of Stockport this would mean around 350 women and 2,200 men would have autism, a total of around **2,500 adults with autism**. Applied to the child population ages 2 to 17, this would mean around 80 girls and 560 boys would have autism, a total of around **640 children with autism** in Stockport. In total there are an expected **3,140 people with autism in Stockport**.

The National Autistic Society has reviewed studies of autism and learning disability, and though findings vary, their findings suggest 44% to 52% of autistic people may have a learning disability. For Stockport adults, that would mean around **1,100 to 1,300 adults have autism and learning disability**. For children in Stockport, that would mean around **265 to 300 children would have autism and learning disability**.

An earlier study, which did find a slightly lower overall prevalence, was able to estimate prevalence for different kinds of autistic spectrum disorders:

Estimated prevalence rates of autistic spectrum disorders in the UK (Camberwell ¹ and Gothenburg ^{2,3})		
	Approximate rates per 10,000	Estimate number Stockport adults
People with learning disabilities (IQ under 70)		
Kanner syndrome	5	150
Other spectrum disorders	15	350
Total with IQ under 70	20	500
People with average or high ability (IQ 70 or above)		
Asperger syndrome	36	850
Other spectrum disorders	35	800
Total with IQ of 70 or above	71	1600
Possible total prevalence rate of all autistic spectrum disorders	91	2000



Future prevalence

Numbers of adults with autism in Stockport are predicted to increase, but only as part of the expected increase in the population size. The POPPI* and PANSI* systems have applied the older data on Autism Spectrum Disorders from the Adult Psychiatric Morbidity Survey 2007 to the projected populations for local authorities up to the year 2030, by this time the number of adults with ASD is estimated to be 2,375 with a further 700 children, a total of 3,075, in other words **not a significant change from now** .

The gender ratio in these prevalence predictions is 8.5 males to 1 female. If the current tools to measure autism are missing some of symptoms in women, then figures for women may increase.

Predicted number of autistic children to 2030					
	2014	2015	2020	2025	2030
Total boys (ages 2-17) predicted to have autistic spectrum disorders	560	562	591	614	619
Total girls (ages 2-17) predicted to have autistic spectrum disorders	79	80	84	88	88
Total children (ages 2-17) predicted to have autistic spectrum disorders	639	642	675	701	707

Predicted number of autistic adults to 2030 (PANSI and POPPI)					
	2014	2015	2020	2025	2030
Persons aged 18-24 predicted to have autistic spectrum disorders	211	209	185	187	207
Persons aged 25-34 predicted to have autistic spectrum disorders	330	332	353	345	325
Persons aged 35-44 predicted to have autistic spectrum disorders	367	366	359	381	401
Persons aged 45-54 predicted to have autistic spectrum disorders	424	424	399	371	368
Persons aged 55-64 predicted to have autistic spectrum disorders	347	352	385	400	379
Persons aged 65-74 predicted to have autistic spectrum disorders	287	290	306	309	342
Persons aged 75 and over predicted to have autistic spectrum disorders	225	231	264	320	353
Total adults predicted to have autistic spectrum disorders	2,191	2,204	2,251	2,313	2,375
Total adult males predicted to have autistic spectrum disorders	1,958	1,969	2,014	2,072	2,131
Total adult females predicted to have autistic spectrum disorders	232	233	237	241	247

* POPPI : Projection Older People’s Population Information; PANSI: Projecting Adult Needs and Service Information



Autism: predicted prevalence



National evidence also shows how the prevalence of autism varies for different population groups:

Women and autism

There is some evidence that **women with autism are both underdiagnosed and misdiagnosed**, often with anxiety and depression. As girls, they may be able to mask their difficulties by observing, imitating or following the behaviour of peers. They generally have better verbal and social skills, and can blend in more easily in terms of the interests they may develop.

There is also a suggestion that the international diagnostic questions and criteria do not give examples of the kind of difficulties faced by women and girls. They don't capture the different ways in which autism appears in women and girls and the diagnosis can be missed. In recent years, more women and girls are being referred for diagnosis.

Learning disability and autism

Autism is more common in people with learning disability than it is for the general population. The rates of autism increase with the severity of learning disability (though methods to diagnose autism cannot be used with people with the most severe learning disability). The gender bias in autism is not as great among learning disabled people as it is in the general population.

Ethnicity

The National Autistic Society has carried out research to establish prevalence levels of ASD amongst BAME communities – and to look at the differing experiences of BAME families who receive a diagnosis. DfE research in 2012 found that the prevalence of diagnosed autism in pupils of Asian heritage was half of the prevalence in White British pupils. However, the prevalence of speech, language and communication needs in Black pupils was almost twice as high as for White British pupils. This suggests that there is a **significant need to raise awareness of autism among Asian communities, improve outreach and review how well existing services meet the needs of BAME groups.**

Socioeconomic Status

There is **no conclusive research showing whether a person's socioeconomic status affects their likelihood of having an autism spectrum disorder.** Studies have failed to determine whether levels of diagnosis amongst specific social groupings relate to actual prevalence rates, or to people's ability to navigate the medical system and receive a diagnosis. For more information on studies linking ASD and socioeconomic status, please see the previous JSNA for ASD from 2012/13 (http://www.stockportjsna.org.uk/wp-content/uploads/2016/04/JSNA_Autism_August_2013_v3.pdf, section 4.3).



Autism: 1,170 diagnosed with autism on medical record



This section looks at the **actual known prevalence of autism in Stockport**, to allow us to compare to the expected levels explored previously. This analysis is based on an anonymised data extract from Stockport GP’s clinical systems in August 2016. It is a method of analysis of multiple needs in Stockport and there are issues with data quality in the extract, as the complexity of clinical systems may mean the extract has some over counts and undercounts for the various conditions examined. The data for autism seems reasonably robust, but all numbers should be treated as indicative. The data includes 333 people who have Asperger syndrome diagnosed.

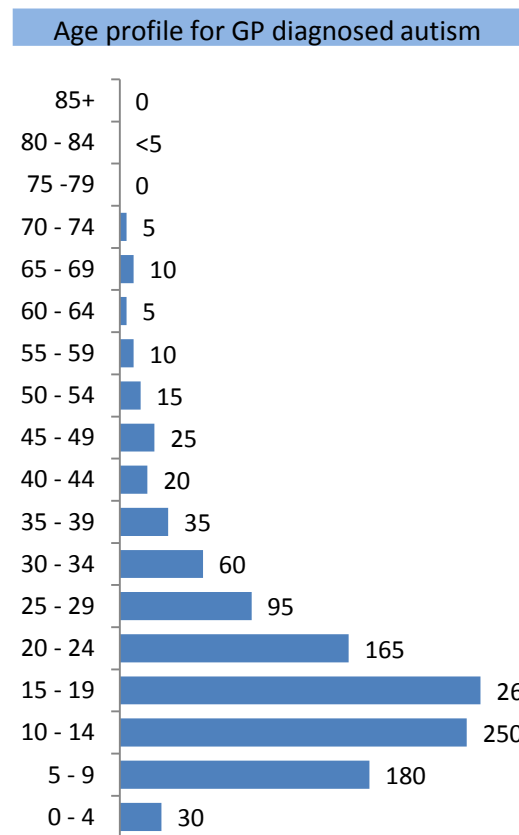
GPs have identified 1,170 people with autism, lower than estimated prevalence of 3,140. However GP recording levels have increased by 50% since the last JSNA in 2013, when the number diagnosed was 700. Most of the increase has occurred in those under 20 years old. In the **younger age groups the level of diagnosis is similar to predicted rates**.

The steep age profile in autism diagnosis is likely to be due to undiagnosed autism in people over 19. Autism is a lifelong condition which is usually diagnosed in childhood and which has become better recognised in recent years. Additionally autistic adults may choose not to be formally diagnosed for autism, either because facilities are inconvenient or they see no benefit for themselves in receiving a diagnosis.

Number with diagnosed autism			
	All	Female	Male
All	1,170	260	910
Age 0-19	715	155	560
Age 20-64	440	100	340
Age 65+	15	-	15

% of population with diagnosed autism			
	All	Female	Male
All	0%	0%	1%
Age 0-19	1%	0%	2%
Age 20-64	0%	0%	0%
Age 65+	0%	0%	0%

At all ages men are significantly more likely to have an autism diagnosis than women.





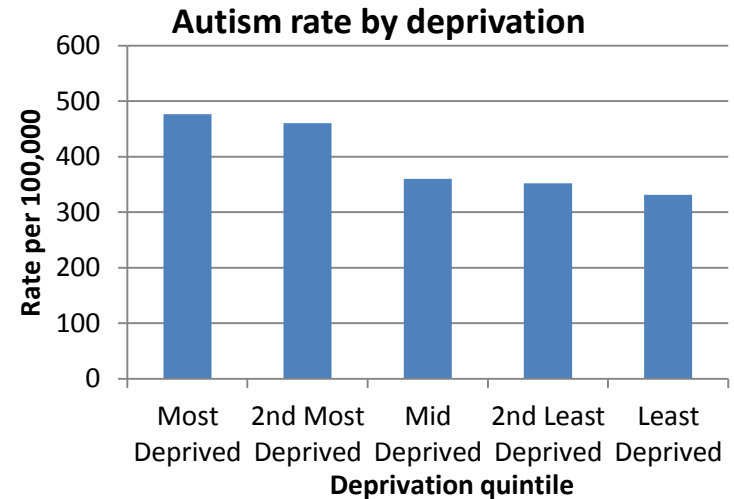
Autism: 1,170 diagnosed with autism on medical record



Analysis by area of residence shows that there is an **increase in autism diagnosis as deprivation increases**. This relationship is not as strong a deprivation profile as for other conditions, such as learning disability, depression or heart disease, but does suggest that people with autism are more likely to be in areas of social disadvantage.

	Most Deprived	2nd Most Deprived	Mid Deprived	2nd Least Deprived	Least Deprived
Number	211	277	197	204	241
Crude %	1%	0%	0%	0%	0%
DSR per 100,000*	476.8	460.7	359.9	352.3	331.5

* Takes into account age/sex profile of populations and is best measure for comparison



As research has indicated that socioeconomic status does not cause autism, the deprivation profile of diagnosed people in Stockport is possibly because of the impact of autism in limiting the socioeconomic opportunities they and their families are able to take advantage of.



Autism: 1,170 diagnosed with autism on medical record



Around 60% of the records of people with autism also had a code for ethnicity.

Ethnic distribution of diagnosed autism in Stockport (where ethnic code is in record)	
86%	White: English/Welsh/Scottish/Northern Irish/British
6%	White: Other White
3%	Asian/Asian British
2%	Other ethnic group
2%	Mixed/multiple ethnic group
1%	Black/African/Caribbean/Black British

The distribution is broadly similar to that of all Stockport, but there are fewer Asian/Asian British people than the population share suggests. As national research has already suggested the need to raise awareness of autism among Asian communities, the ethnic distribution of autism in Stockport may be indicating under diagnosis in those communities locally.



Autism: co-morbidities



Both research findings and the Stockport GP data extract have shown **people with autism are much more likely than the general population to also have certain other long term health conditions**; the relationship between these conditions is not necessarily causal. **Co-morbidities can be seen to exacerbate conditions, so treatment needs to be holistic.**

- **Learning disability:** Several studies suggest 44% to 52% of autistic people have some degree of learning disability
- **ADHD** (Attention Deficit and Hyperactivity Disorder): symptoms often overlap making diagnosis difficult, but research estimates 30%-60% of people with autism also have ADHD, ten times the rate for the general population
- **Epilepsy:** 15% to 30% of people with autism also have epilepsy
- **Self harm:** People with autism are just over four times more likely than the Stockport average to have self harming indicated on their medical records
- **Severe mental health problems** such as schizophrenia and bipolar disorder: are nearly four times more likely for people with autism than Stockport average
- **Anxiety:** research estimates 11% to 42% of people with autism suffer from anxiety disorders; in Stockport, people with autism are 1.7 times more likely to have an anxiety diagnosis than the population as a whole
- **Depression:** research estimates a quarter of adults with autism also suffer depression
- **Sleep disorders:** are ten times more likely for people with autism; over half of autistic children have chronic sleep problems
- **Gastrointestinal disorders**, such as Inflammatory bowel disease, chronic constipation or diarrhoea, and gastroesophageal reflux disease: are two to eight times more likely in autistic children
- **Feeding disorders and eating disorders:** 70% of autistic children have feeding and/or eating problems with half classified as severe; eating disorders refer to conditions such as anorexia, bulimia and over eating, while feeding disorders cover problems with eating only a few types of food or problems with chewing and swallowing. **Pica**, a dangerous habit of eating non-food items, is associated with autism complicated by learning disability
- Research has also indicated autistic children have higher rates of **central nervous system and / or cranial anomalies, diabetes mellitus type I** and **muscular dystrophy**
- Stockport GP data indicates higher rates of **asthma** for autistic people
- Multiple studies have found that most autistic adults are at a **significantly increased risk of most medical conditions**, including 'big killers' like cardiovascular disease, stroke, circulatory and respiratory conditions.



Research has shown that **people with autism are much more likely to die early than the general population, although autism alone is not the sole cause of this early mortality.** It is likely that both social and biological factors play a role in early mortality among autistic people. There seems to be several factors, including the symptoms of autism and the common co morbidities of autism, which all together are resulting in higher mortality for people with autism. It is worth noting that people with learning disability, which is the most common co morbidity of autism, are also much more likely to die early than the general population.

In addition to earlier deaths from causes common in the general population, such as **cardiovascular disease, stroke, circulatory and respiratory conditions**, research has indicated **birth defects, epilepsy, suicide** and **accidents** as leading causes of death for people with autism, even though they are not common causes of death in the general population.

Locally, there is a lack of data available on early mortality in autism. Autism is not routinely recorded in death certificates, so the number of early deaths where a person has autism cannot be identified from that source. Linking general practice data with deaths may be inadequate due to the low diagnosis numbers in the population over age 25. Autism hasn't emerged as a theme in the Greater Manchester Child Deaths Overview Panel, and the Greater Manchester Suicide Review hasn't noted autism in local data.



STOCKPORT ADULT AUTISM STRATEGY 2017-2020

In November 2009, the government published The Autism Act. This set out how local authorities, NHS bodies, NHS Trusts and other local agencies should **work together to improve the provision of services** that meet the needs of adults in England with autistic spectrum disorders (ASD). Although there is no comparable legislation and statutory guidance specifically for autism for children and young people under the age of 18, reforms for children and young people with Special Educational Needs and Disabilities (SEND) were introduced in the Children and Families Act 2014. In Stockport, a 0-25 SEND action plan has been agreed and priority 4 sets out the activities to be undertaken in order to develop the Stockport offer for children and young people with autism. This includes the development of a transitions pathway to adult services, hence the link to the Adult Autism Strategy.

Throughout 2013, staff from Stockport Council worked with adults with autism, their families and carers and a wide range of agencies to develop the first [Stockport Adult Autism Strategy](#) 2014-2016.

In 2015, the government published further [statutory guidance](#) that set out what Councils and NHS bodies ‘must’ and ‘should’ do under nine themes:

1. Training of staff
2. Diagnosis and Assessment
3. Transition
4. Planning and Leadership
5. Preventative Support and Safeguarding
6. Reasonable Adjustments and Equality
7. Supporting people with complex needs, whose behaviour may challenge
8. Employment
9. Criminal Justice System

In 2016, the Council made some additional resources available to both implement the Autism Act and to **update the Stockport Adult Autism Strategy**. The decision was made to include people aged 14 upwards in the Strategy in recognition of the fact that this is where the process of transition from childhood to adulthood begins. The issues, actions and priorities in updated Strategy were identified by people with autism, their families and carers and local agencies in a number of consultation events over a 5 month period. **The Stockport Adult Autism Strategy 2017-2020 will be available on the Council website in mid- 2017.**



STOCKPORT ADULT AUTISM STRATEGY 2017-2020

There are no additional resources to develop specialist services and resources in Stockport. The Strategy focusses on **encouraging and supporting all** public services, voluntary and community sector agencies, private service providers, leisure facilities and shops and restaurants **to make 'reasonable adjustments'** so that autistic people have equal access to resources. A comprehensive range of training courses, co-designed and co-delivered by people with autism and their carers, are publicly available free of charge. Information about the courses and how to access them are on the [Council website](#).

As part of the Strategy, Adult Social Care re-commissioned its **Supported Employment** service from Pure Innovations for a further period of 3 years in 2016. The service is for people who are eligible for Adult Social Care, who want a job and who have autism, a learning disability or a mental health condition.

Children's and Adult Social Care are working closely together to ensure that people with autism, including young people in transition from Children's Services, have to 'tell their story once'. The aim is to ensure that there is a smooth pathway from diagnosis to assessment and support, and that when people contact the Council, they are directed to the most appropriate team or service.

Stockport Council has agreed to **adopt an Autism Charter from April 2018**. The Charter includes a commitment to provide awareness training for all staff, an autism friendly environment, effective communication and customer service and appropriate support when needed. The first element, awareness training for all staff, is now mandatory for all Council staff. An important part of the implementing the Charter is to develop and support a network of Champions across the Council and all service providers and retailers.

Once the Strategy has been agreed, an Autism Advisory Network will meet twice a year to review and monitor progress, and agree new actions where necessary. Membership of the Network will be open and will include autistic people, their families, local agencies and organisations – anyone who is keen to improve access to local resources for autistic people.



STOCKPORT ADULT AUTISM STRATEGY 2017-2020

Autism Self-Assessment Framework (SAF)

Every 2 years the Department of Health asks every local authority to complete an autism self assessment questionnaire. The results are then published on the [Public Health England](#) website. You can see the results of the 2014 SAF, and the 2016 SAF responses will be available in autumn 2017.

Greater Manchester Combined Authority

Stockport, along with the other 10 Councils and 10 Clinical Commissioning Groups, is a member of the Greater Manchester Autism Consortium. The Consortium co-produces workshops and events on a wide range of topics for children and adults with autism, their carers and professionals, and shares information and good practice. Increasingly, the Consortium will also work to ensure that autism is fully part of the Greater Manchester Combined Authority's strategic plan [‘Taking Charge of our Health and Social Care in Greater Manchester’](#)



The following section provides insight about services in Stockport which meet needs of people with ASD.

Schools

In Spring 2017, Stockport schools had **604 pupils from nursery up to 16 years of age** who were identified with ASD either as a primary or secondary special educational need. This is 1.3% of all students, or 11.5% of pupils with SEND. Numbers by school are very variable; 16 primary schools had no autistic pupils, but no high school had fewer than 4 autistic pupils. This figure is comparable with GP diagnosis rates. Data for transition age pupils (see table) does not seem accurate and is **considered to be under reported**.

Number of children aged 14+ identified as having autism in schools in 2015/16:	
Year 10	43
Year 11	50
Year 12	9
Year 13	4
How many have completed transition process	4

For those young people with autism where there are also learning disabilities and complex needs, pathways are in place. However, for those who previously have not been eligible for Adult Social Care, work is underway to raise awareness within children’s services of the needs of young people with autism and responsibilities under the Care Act with regards to transition.



Respite

In 2015/16, the Children's Services at the Disability Partnership recorded **127 children and young people (CYP) who have an Autism condition receiving 1:1, overnights, or/and Direct Payments**; 21 of these are joint funded with CCG. Overall, there are 52 CYP with all disabilities who receive 1:1, Overnights, or/and Direct Payments that are joint funded with CCG.

Aiming High Short Break Group Activities

In 2015/16 there are **148** CYP with an Autism Spectrum Disorder who accessed a group based short break. This is out of an overall total of 285 CYP accessing these service, in other words **51.9% of CYP who accessed short breaks activities had an Autism condition.**

The **Youth Offending Service** does not have any client records with autism indicated, however their information system doesn't prioritise collection of information on autism.



Children & Young People – the diagnosis pathway for ASD



The main route for children aged 5+ in Stockport to be assessed for ASD is via the Healthy Young Minds (HYMs) service (formerly known as the Child and Adolescent Mental Health Service – CAMHS). The service is working to develop a robust data collection system, but is currently only able to provide approximate figures in relation to the number of young people referred and diagnosed with ASD.

Children can also be referred onto the ASD diagnosis pathway via other services such as the Speech Therapy team, Paediatrics and the Child Development Unit.

Whilst the number of young people being referred to HYMs for assessment / diagnosis appears to have risen since the last JSNA was carried out on ASD*, the number of young people receiving a diagnosis does not appear to have risen (exact numbers of those receiving a diagnosis are not available but the service believe the diagnosis rate is approximately 50% of those referred.)

In 2014/15 the service received additional funding to help it reduce the number of young people currently spending 12 months on the pathway between referral and diagnosis. Despite this investment, the average time between referral and diagnosis is still 12 months.

The service has provided partial referral data for 2014/15 to 2016/17.

The service has also provided an age breakdown of the referrals received in 2016/17 (first 10 months only – so the total does not match the total in the table above).

The service has work to do in terms of a) reducing the backlog of young people waiting to be assessed; b) reducing the average time spent on the diagnosis pathway from 12 months to 3 months; c) encouraging community / school based workers who are able to carry out ADOS assessments to do so – thereby reducing the number of young people referred to Healthy Young Minds; d) ensuring that young people who could be directed away from the ADOS assessment process and supported in alternate ways are taken off the pathway and e) ensuring that its data systems are robust enough to provide accurate data on all the young people accessing the Healthy Young Minds service.

Referrals to Stockport’s Healthy Young Minds service			
ASD	2014/15 9 months only	2015/16	2016/17 11 months only
	306	348	280

Age breakdown of referrals – first 10 months 2016/17		
Age	Number of referrals	% of total referrals
Under 5	17	6.5%
6 - 10	128	49%
11- 16	110	42%
Over 16	6	2.5%
Total	261	

*The closest comparable data from when the 2013 needs’ assessment on ASD was carried out showed that the CAMHS service at that time presented data from 2010/11 in which 15 children were referred to the service with ASD as a presenting problem. No other referral / diagnosis data was made available.



Adult diagnosis for ASD



From 2006 to 2013, only 39 adults were referred by NHS Stockport to the Sheffield Adult Asperger’s service for an assessment. Since the previous JSNA numbers of **referrals have increased significantly, in the last three years 219 people have been referred for diagnosis**. This is likely in part to be due to the introduction of the previous Adult Autism Strategy, giving people the right to request an assessment.

Number of referrals for adult diagnosis of autism since previous JSNA:			
	TOTAL	Males	Females
2014/15	62	42	20
2015/16	64	47	17
2016/17	93	66	27

At this time it is not known of the 219 adults referred how many were diagnosed with ASD.

70% of referrals over the last three years have been for men.

The youngest person referred to the service was 16 and the oldest 64 – the median age of referral was 38 and the mean age of referral was 32, up from 30 from the period 2006-2013.

Whilst a referral to the Sheffield service is the preferred NHS route for a diagnosis, it is not the only option available to people. Where people have gone to their GP and requested a diagnosis, in the past this would then be referred to the funding panel and if funding was agreed, the individual would then be referred to the Sheffield service. However, without NHS funding, or if funding was agreed but people chose to go elsewhere, people could pay privately for an assessment / diagnosis. The number of people who have received a diagnosis from another service is unknown.

Once a patient has received a diagnosis the Autism Act gives adults with autism the right to a social care assessment



Adult social care for those with ASD



At 30 September 2016:

- **78 adult social care clients** aged 18-64 had autism as a reported health condition (out of a total of 1,649 clients)
 - 28 with Asperger's syndrome / high functioning autism;
- **5 adult social care clients** aged 65+ had autism as a reported health condition (out of a total of 3,040)

In total therefore **83 adult social care clients are reported to have autism.**

Previous work in Stockport identified that significant numbers autistic people had **needs which were going unmet because they were below the threshold at which social care would be provided.** To address this, the new Prevention Alliance and Wellbeing and Independence Network were tasked with providing support for these people.

Data now shows that these preventative services are being used by autistic people.

- In the first three quarters of 2016/17, **5% of referrals to the Wellbeing and Independence Network had ASD**
- From August 2016 to February 2017, **2% of the people The Prevention Alliance worked with had ASD**



TRAINING

The Stockport Adult Autism Strategy focusses on encouraging and supporting all public services, voluntary and community sector agencies, private service providers, leisure facilities and shops and restaurants to make 'reasonable adjustments' so that autistic people have equal access to resources.

One of the key ways in which the Council does this is by providing a comprehensive range of training courses, co-designed and co-delivered by people with autism and their carers. The courses are free of charge, are available to everyone and consist of both face to face and e-learning. The [Council website](#) includes a list of courses and instructions on how to book a place.

ADVICE, RESOURCES AND INFORMATION

Adult Social Care has also developed a website, My Care My Choice, which aims to bring together all the information about local services, groups and activities that you might need. The [dedicated autism pages](#) will help you to find out what support is available in Stockport

My Care My Choice also has a 'marketplace' where providers can advertise their services. Follow the [link](#), click on 'view everything on the marketplace; By Client Group; Autism. This information is constantly being updated and refined.

Stockport also has a [Local Offer](#) that brings together a range of support services and information for children and young people aged 0-25, who have special educational needs and disabilities (SEND). The website also includes autism specific information and support available such as how the Autism Team can help children at home and school, parents support, activities and a wide range of health resources.