

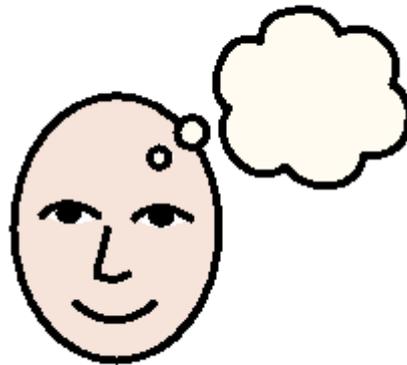


NORTHAMPTONSHIRE COUNTY COUNCIL

Consultation on the draft Northamptonshire All Age Autism Strategy

Consultation Analysis Report

August to October 2018



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Contents

- 1. Introduction..... 3
- 2. Background..... 3
- 3. Consultation Methodology..... 4
- 4. Summary of Feedback..... 5
- 4a. Overall conclusion and summary..... 5
- 4b. Detailed Feedback..... 6
- 5. Conclusion..... 23

1. Introduction

Northamptonshire County Council (NCC), in partnership with Corby CCG and Nene CCG, produced a draft All Age Autism Strategy in response to the Government's Autism Strategy, Think Autism. Autistic individuals are important members of Northamptonshire's population and local demographics tell us that the number of children and adults being referred for an autism diagnosis is increasing.

Northamptonshire's draft All Age Autism Strategy was co-produced with involvement and engagement from a broad range of contributors, a number of whom are autism experts by virtue of lived experience.

The consultation sought views and comments from all interested parties to help influence the design and development of the final strategy. It was also an opportunity to instigate a wider conversation about autism and to dispel some of the myths surrounding people living with autism.

This report is an analysis of the information and data gathered during the consultation held between August and October 2018.

2. Background

Northamptonshire's draft All Age Autism Strategy sets out five local, multi-agency priorities and details how and when they will be met. The strategy requires an interagency response aimed at addressing the mental, physical, and emotional wellbeing of individuals, families, and carers living with autism, together with their housing, education, employment, social, and support needs. Given the nature of autism these needs cannot be met with information and advice alone. A proactive response from a range of universal agencies and organisations is required.

Northamptonshire's All Age Autism Strategy is committed to both the development and improvement of service provision and the overall experience of autistic people and their families. This will require a radical change in attitudes, involving honest and respectful collaborations. Continuous improvement of services can only be achieved by a well-trained, confident, and competent sector wide workforce.

The 5 priorities

The earlier autism is identified, appropriate interventions started, and reasonable adjustments made, the better the outcomes. Key to success is the delivery of the following five priorities:

1. Raising awareness and understanding regarding the complexity of Autism.

2. Providing effective, quality assured, pre and post diagnosis support.
3. Enhancing education, employment, accommodation, social and leisure opportunities.
4. Promoting seamless progression throughout periods of transition
5. Providing effective and enabling care and support.

The All Age Autism Strategy sets out the detail of the five priorities along with national and local context including data and recommendations.

The aim of the consultation was to give an opportunity to check that the correct priorities are identified and to help with the development of the action plan.

3. Consultation Methodology

The following outlines the public consultation methodology used to generate the material / data for analysis.

The consultation audience comprised of the following groups:

- Children, young people and adults living with autism (with or without a formal diagnosis of autism) and their parents, families, carers
- Stakeholder organisations with specific interest in autism
- Residents of Northamptonshire (i.e. the public)

Consultation was supported by Northamptonshire County Council's Consultation, Equalities & Accessibility Team (CEAT) and a Digital Improvement Officer. Professional leads from Northamptonshire Healthcare Foundation Trust and NCC were involved throughout and specialist advice was taken on communication methods. The consultation was hosted on a microsite within NCC's website and signposted by partner organisations.

The consultation was widely promoted focussing not only on people known to NCC and the CCGs because of a formal diagnosis of autism and their families/carers but also those not currently on NCCs/the CCGs radar.

To appeal to the broadest range of people possible, particularly those with autism and young people and address a variety of learning styles, a range of accessible consultation materials were produced and developed as follows:

- A dedicated online microsite containing:
 - a copy of the full draft strategy;

- an online questionnaire suitable for all
 - all the accessible/easyread consultation materials as described below
 - video animation of the five priorities; and
 - short plain English descriptions of each priority with clickable tiles leading to fuller explanations including actions and outcomes
- Accessible consultation materials using a mixture of plain English and Easy Read principles, utilising symbols where appropriate including:
 - an Easy Read version of the strategy;
 - a slide presentation with key information;
 - a discussion toolkit containing suggested activities and the materials for a facilitated group session;
 - a feedback form; and
 - a questionnaire suitable for all
 - Regular social media messages
 - Emails directly targeted at specialist support groups and schools and other key stakeholders
 - Articles in Northants Easy Read News (currently produced by CEAT)

The questionnaire is available at Appendix 2 and all other materials are available on the microsite

Separate accessible activities were developed for use by NCC and NHFT officers for use on a stand at the Rockin' Roadrunner Festival in September. The day long festival is aimed at people with disabilities and their families, friends and supporters. A description of the activities and the evidence gained from visitors to the stand is summarised in the feedback below.

4. Summary of Feedback

This is an extensive summary of the feedback received from all the formats made available.

Please note that the term 'autistic person' reflects the term used in the strategy and current language. The term 'autism' includes everyone on the spectrum, whatever their ability and whatever their age.

4.a. Overall conclusion and summary

Overall the strategy was welcomed and the priorities and actions agreed as the right ones.

A total of 162 questionnaires were received with the largest group of respondents (41.7%) being carers of an autistic person.

The majority of the total respondents found the strategy easy to understand but fewer respondents who identified as autistic found it easy.

The majority of respondents agreed with the vision in the strategy. A higher proportion of people who identified as autistic agreed with the vision than the total respondents.

A large majority of respondents to the questionnaire agreed with Priority 1 including those people who identified as autistic. Fewer of the total respondents were sure that the actions were the right ones than people who identified as autistic. Nearly all of the people who identified as autistic thought the actions were the right ones compared to the 77.8% of the total group and the 18% who said don't know/not sure.

A large majority of all respondents to the questionnaire agreed with priority 2 including those who identified as autistic. No one who identified as autistic thought the actions were not the right ones whilst 5.3% of total respondents did not think they were right. Around 15% of both said don't know/not sure.

A large majority of respondents to the questionnaire agreed with Priority 3 including people who identified as autistic. Around three quarters of those who identified as autistic thought the actions were right with the remainder unsure. More of the total group thought the actions were right but a small number thought they were not.

The majority of all respondents to the questionnaire agreed with Priority 4 including people who identified as autistic. Fewer people who identified as autistic thought the actions were the right ones with a fifth saying don't know/not, nearly double the proportion of total respondents.

A majority of respondents agreed with this priority and few said don't know/not sure. A higher percentage of respondents who identified as autistic said they did not agree but this amounted to two people.

4.b. Detailed Feedback

The feedback is grouped under the opening questions in the questionnaire then by the five priorities as far as possible. There is a section containing general feedback that did not fit into these categories followed by the equality monitoring information, summary of emails and letters, social media and digital report and finally the Rockin' Roadrunner event.

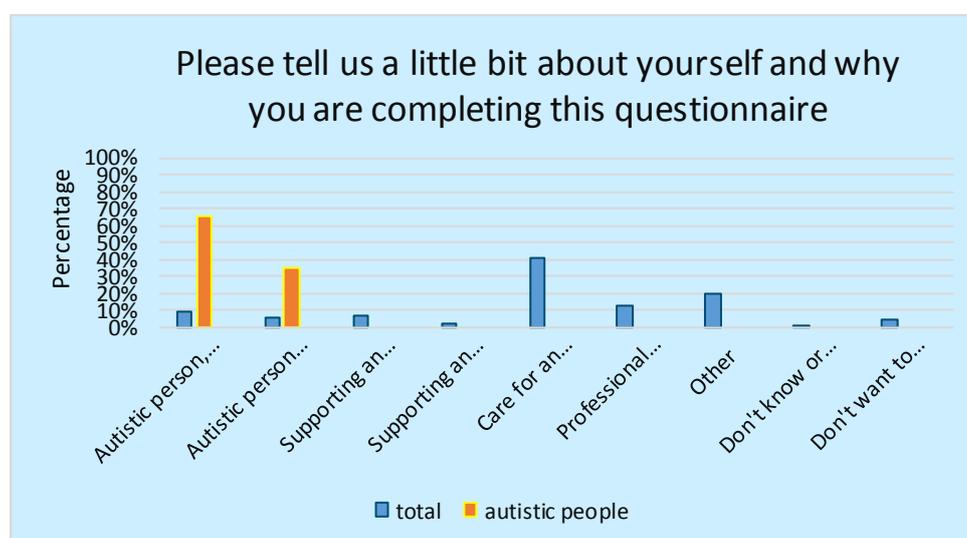
In addition to the general summary of total responses to the questionnaire, specific responses provided by those who identified themselves as autistic people are highlighted as these are particularly important in finalising the strategy and actions. The full range of verbatim comments entered into the questionnaire can be found at Appendix 2.

Not all respondents answered every question and so percentages are shown based on the number of respondents to each question. Some questions asked respondents to enter free text to explain why they rated a question as they did. There is a brief summary of the most apparent themes to emerge from these questions and a full list of the comments is attached in Appendix 2.

Opening Questions

Question: Please tell us a little bit about yourself and why you are completing this questionnaire?

A total of 162 questionnaires were received with the largest group of respondents (41.7%) being carers of an autistic person. Autistic people with or without a formal diagnosis accounted for 14.2% of respondents. Of these 4.9% also had a learning disability. A further 8.6% of respondents said they were supporting an autistic person to complete the questionnaire and 2.5% of these also had a learning disability. It could therefore be assumed that 22.8% of respondents may be autistic. 11.7% of respondents stated they are professionals supporting autistic people, 4.3% said they did not want to answer and 1.2% said they did not know or were not sure. The remaining 19.1% responded as 'other'. Many of these had a different family relationship or caring role.



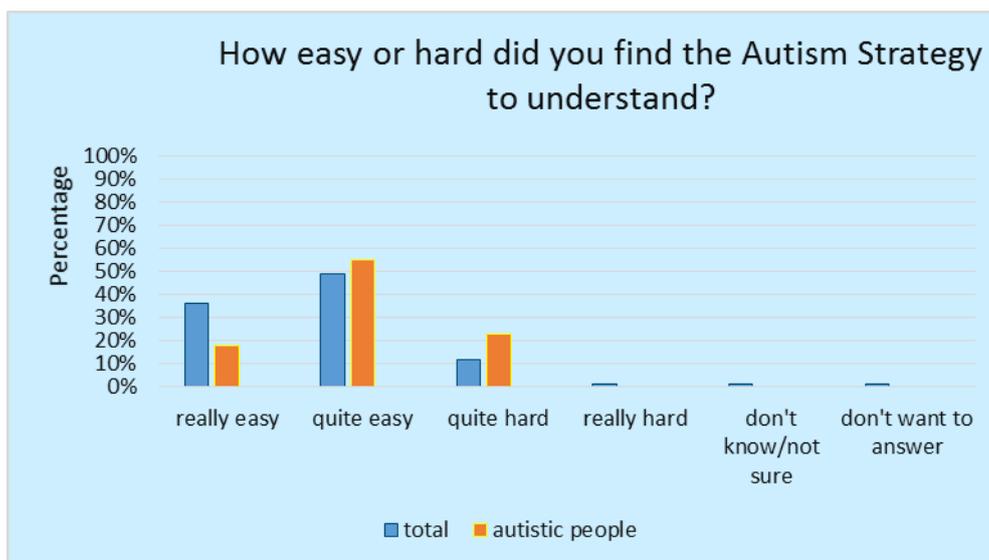
Full description of respondents:

I am an autistic person (either with or without a formal diagnosis)
I am an autistic person (either with or without a formal diagnosis) and I have a Learning Disability
I am supporting an autistic person (either with or without a formal diagnosis) to complete this questionnaire
I am supporting an autistic person (either with or without a formal diagnosis) who also has a Learning Disability to complete this questionnaire

I am a carer for an autistic person (either with or without a formal diagnosis and either with or without a Learning Disability)
I am a professional supporting autistic people (either with or without a formal diagnosis and either with or without a Learning Disability)
Other (please give details):
Don't know or not sure
I don't want to answer this question

Question: How easy or hard did you find the Autism Strategy to understand?

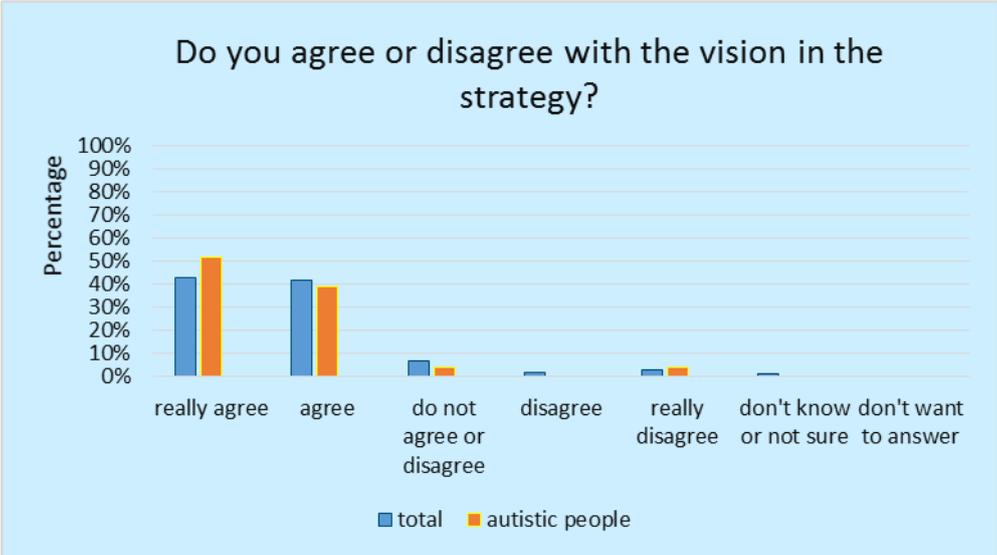
160 respondents answered this question. 85% of respondents stated that the strategy was either really or quite easy to understand. 11.9% found the strategy quite hard to understand and 1.2% (2 people) found it very hard. The remaining 1.9% said either did not know/not sure. A smaller proportion of people who identified as autistic, 72.7% found the strategy really easy or quite easy to understand. 22.7% found it quite hard to understand and 4.55% (1 person) really hard.



When asked why they gave their answer 3 out of the 8 people who identified as autistic commented positively about the clarity and layout, 3 made neutral comments, 1 found having draft behind the text difficult and 1 stated the strategy was all talk and no action and they did not trust it would be delivered due to staff performance. Of the additional 45 total comments there were 23 positive remarks about the style, for example, Plain English, easy read, clarity and the video. Whilst 3 mentioned that an individual would find it difficult to understand because of their learning difficulty, dyslexia or autism. The majority of the remaining comments referred to the 'lack of specifics', or a 'coherent action plan', 'what it is actually going to do', 'how things will happen beyond vague statements' or variations on this theme.

Question: The vision is to develop and improve services and the experiences of autistic people and their families in Northamptonshire over time. Do you agree or disagree with the vision in the strategy?

All the respondents answered this question and 21 of the 23 people (91.3%) who identified as autistic either agreed or really agreed with the vision. 1 neither agreed or disagreed and 1 really disagreed. A slightly smaller proportion (86.5%) of the total respondents either agreed or really agreed. 7.36% neither agreed nor disagreed whilst 4.9% either disagreed or really disagreed.



In response to the question about why they gave their answer, of the 69 comments made a large number expressed their feeling that the vision is good or valid but it is hard to see how it will be made a reality. Some pointed to current financial difficulties of the County Council making it unrealistic especially as they believe some of the implementation will come at a cost. Half of the comments provided by the 10 people who identified as autistic referred to their negative experiences of getting help, support or opportunities.

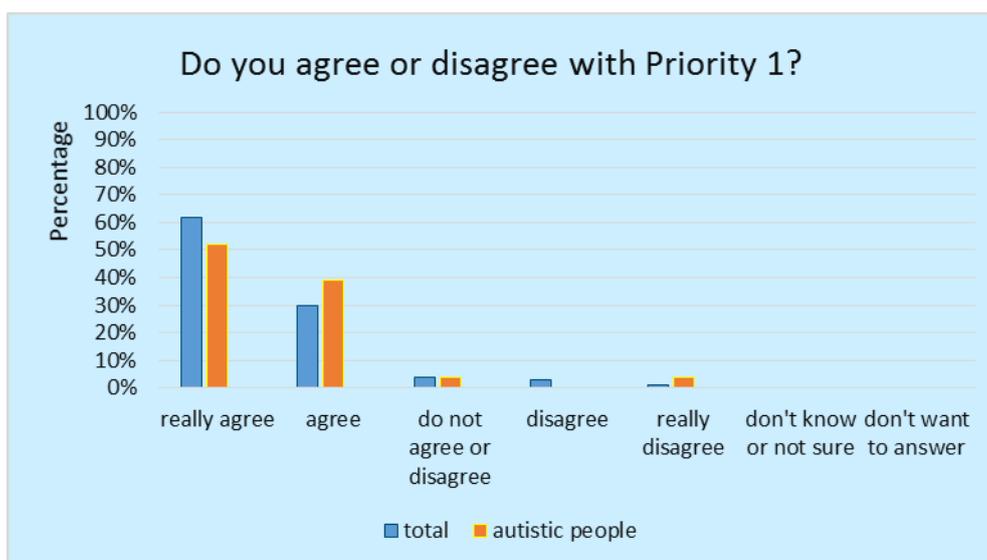
Written correspondence referred to a need for a lot more detail about what will actually be done to deliver the strategy, the use of SMART targets and quality assurance. This was reflected in the responses in other formats and in reference to each priority.

Feedback by priority

Priority 1

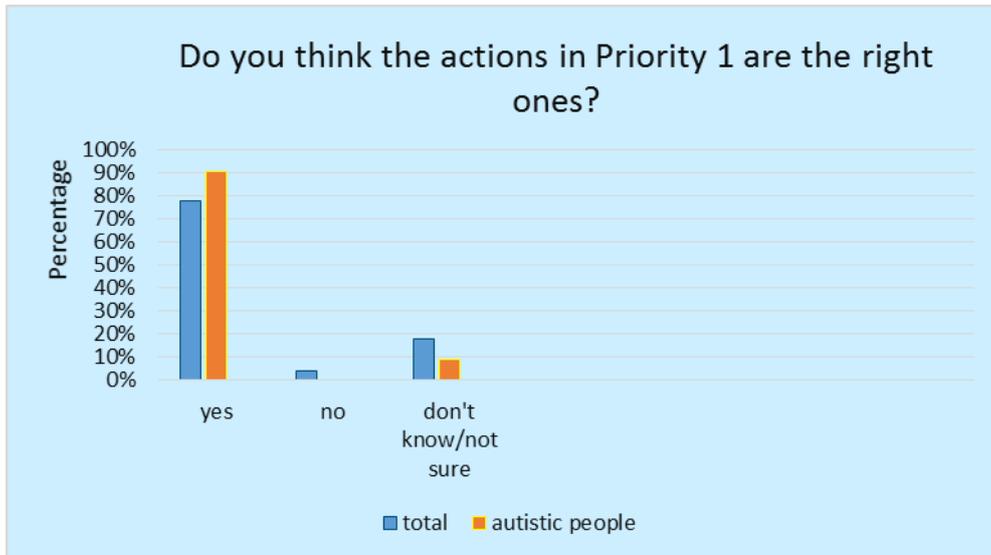
Question: Do you agree or disagree with Priority 1: Raising awareness and understanding regarding the complexity of autism?

All people who identified as autistic answered this question and more than 9 out of 10 (95.7%) either agreed or really agreed with Priority 1, only one person neither agreed nor disagreed and none disagreed. Only slightly fewer (91.8%) of the 61 of the total respondents that answered agreed or really agreed, 4.1% neither agreed nor disagreed and the same number (6) either disagreed or really disagreed.



In relation to this question all but one of the comments by people who identified as autistic reinforced how important it is to raise awareness of autism and this related to a range of groups including professionals, communities and society as a whole. This is reflected in the total responses but in addition there are a number of notes that urge recognition of autism as distinct from other disabilities, as being complex and hidden.

Respondents were also asked if they thought the actions in Priority 1 were the right ones and if any actions were missing or should change. All of the 23 people who identified as autistic answered this and 91.3% said yes whilst only 2 stated they didn't know/not sure. 144 of the total respondents answered with 77.8% saying yes, 4.2% saying no and 18.1% don't know/not sure.



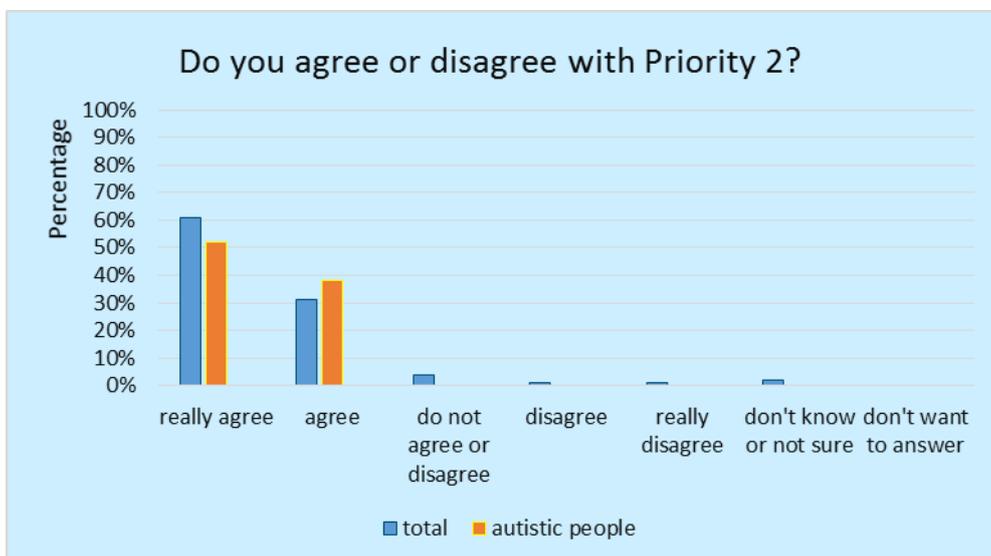
One person identifying as autistic suggested an additional action to run workshops about autism. Other respondents also suggested workshops plus online resources and a few suggested that better defined outcomes or agreed standards are required.

Other sources of feedback suggested that all social workers and teachers should receive basic training and all awareness training should involve participants with a lived experience of autism.

Priority 2

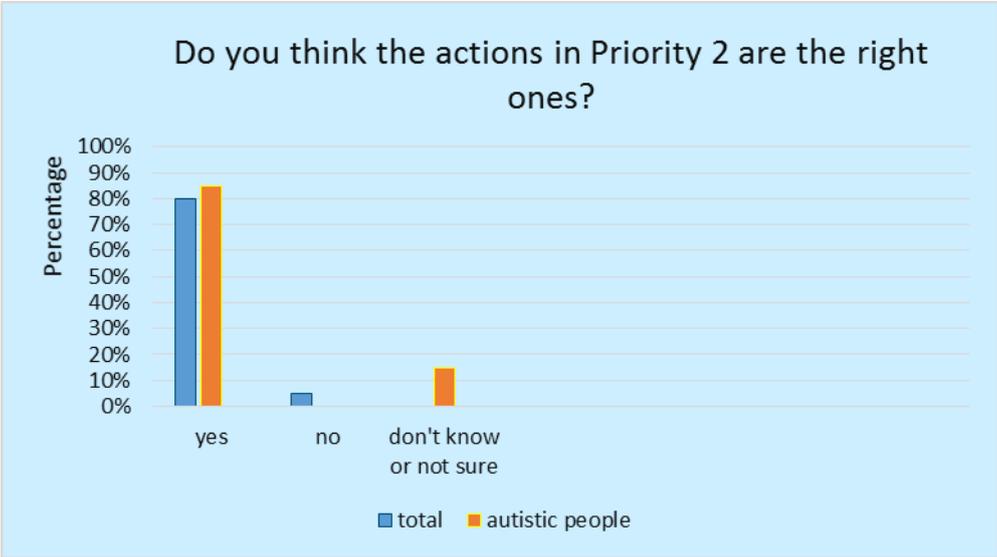
Question: Do you agree or disagree with Priority 2: Effective, quality assured, pre and post diagnosis support?

21 of the 23 of the people who identified as autistic answered this question and 90.5% agreed or really agreed with Priority 2. Just 2 neither agreed nor disagreed. 135 of the total respondents answered and 92.6% agreed or really agreed. 3.7% neither agreed nor disagreed whilst 1.5% disagreed or really disagreed.



When asked why they gave their answer 4 of the 7 people identifying as autistic referred to the significant wait for a response or lack of any sort of support even after a diagnosis. There were 55 responses in total to this question and the comments strongly echo the feeling that there is little or no pre or post diagnosis support for very long periods of time or never. A few respondents suggested this should be the number one priority and mentioned the negative impact on the individual and their family, partly because of the need to ‘fight’ for support.

Respondents were also asked if they thought the actions in Priority 2 were the right ones and if any actions were missing or should change. The majority of the total 132 respondents and the 20 who identified as autistic said yes, actions were right, 79.5% and 85% respectively. No one who identified as autistic said they were wrong but of the total 5.3% said they were. Around 15% of both said don’t know/not sure.



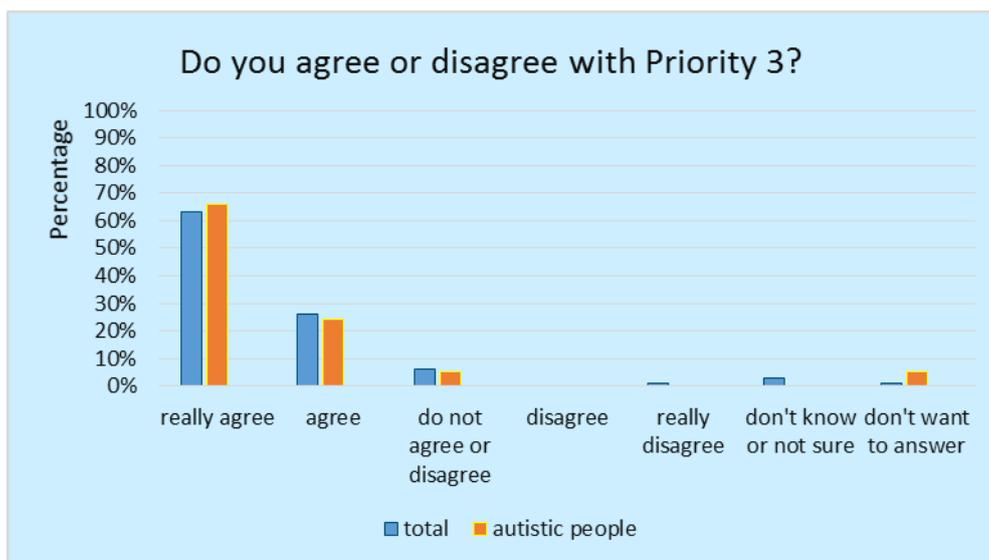
Changes or omissions in Priority 2 included making things more accessible and easier to understand for individuals with no support from friends and family; support being individualised and made available when it is needed rather than a once only offer; and a variety of comments again asking for more detail and timescales for delivery. Amongst the comments about personal difficulties with diagnosis is one alluding to under diagnosis in girls and the subsequent harm.

Other sources of feedback also pointed out the under diagnosis of girls as they are ‘clever’ at masking or playing down any difficulties they might be experiencing. Some respondents also felt that post diagnosis support is currently either non-existent, intermittent or inconsistent for both autism and other related health issues and is only gained by the repeated request by really insistent families. A plea was also made for respite for exhausted parents. Sources of support are viewed as too Northampton centric.

Priority 3

Question: Do you agree or disagree with Priority 3: Enhancing education, employment, accommodation, and life opportunities?

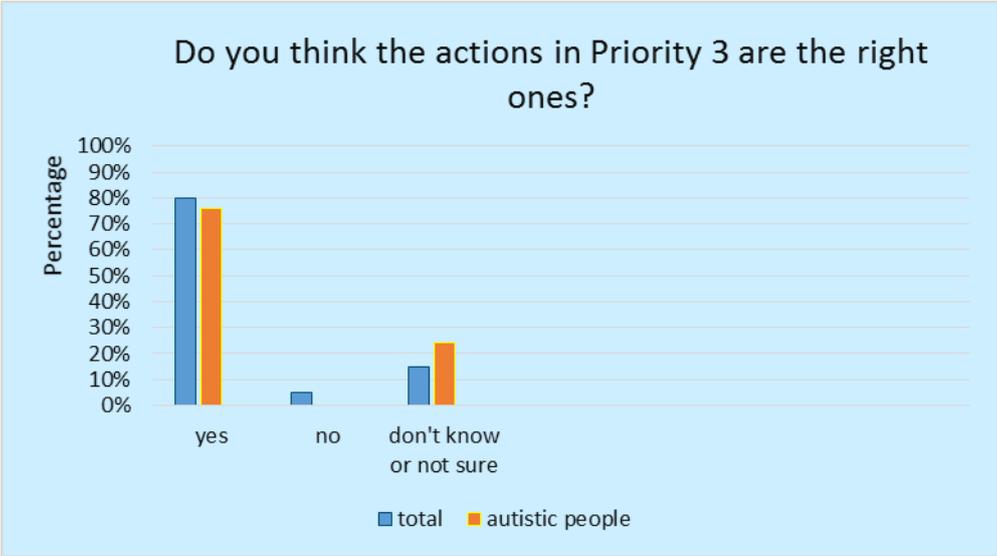
90.5% of the total respondents (134) either agreed or really agreed with Priority 3; 3.6% neither agreed nor disagreed; 1.5% really agreed; 2.2% said don't know/not sure and 1.5% did not want to answer. All but one of 21 of the people who answered this question and identified as autistic either agreed or strongly agreed with Priority 3. The remaining person neither agreed nor disagreed.



When asked why they gave their answer a number of the 56 respondents focussed on the need for educational support in order to transition into employment and /or to make the best use of life chances and increase social confidence. Whilst increasing employment opportunities and help to achieve employment was supported some respondents are sceptical about the existence of such opportunities and help and the likelihood of gaining the understanding of or successfully engaging with employers/businesses. Others indicated that autistic people had much to offer in the workplace and others suggested that early and long term personal plans are key to success.

76.2% of the people identifying as autistic thought the actions in Priority 3 were the right ones whilst the remainder said don't know/not sure. 80.1% of the total respondents said yes the actions are right, 4.6% said no and 15.3% said don't know/not sure.

Other sources of feedback suggested that positive social relationships are important in achieving full potential. A number felt that more reference should be made to the important role of education and early intervention. Also that Education, Health and Care Plan (EHCP) should continue to play a key role. There is a view that there is a lack of youth groups for autistic people.



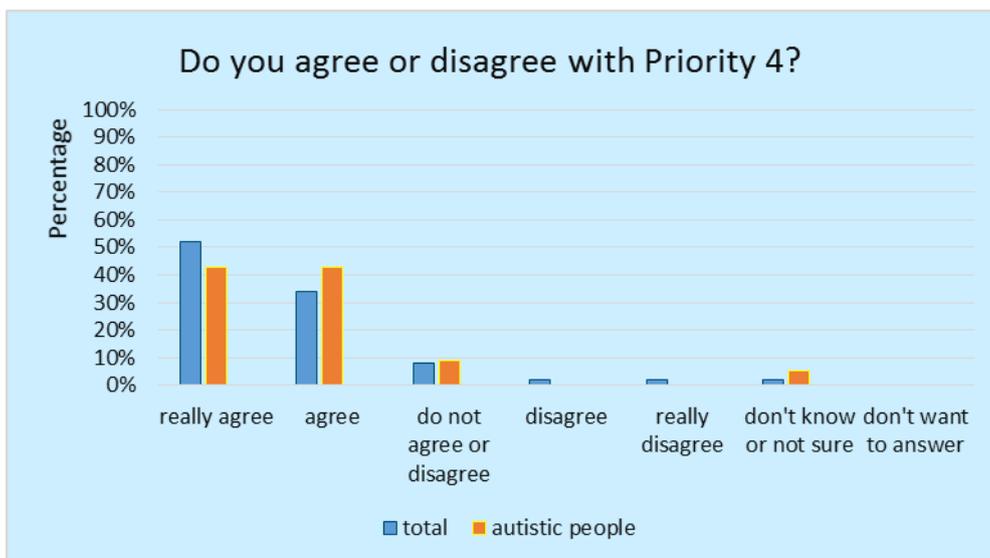
When asked about changes or omissions to Priority 3 a number of people felt there was less clarity about what the actions were compared to other priorities. The responses tended to be negative about the likelihood of meaningful job opportunities rather than courses or ‘dead end’ jobs. Individual comments indicated that additional actions are needed on early years/school/early intervention/people who are home educated and more of an emphasis on empowerment and independence.

Other sources of feedback stressed the need for early intervention and education including support for families. It was also suggested that more and better use should be made of EHCP’s in accordance with the guidance. Some feedback suggested that the needs of autistic people in mainstream education are neglected.

Priority 4

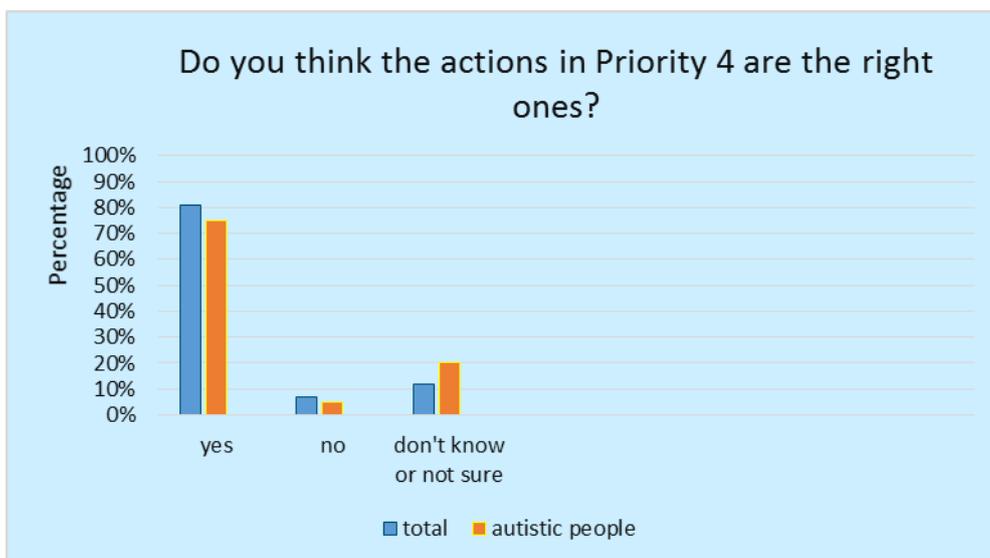
Question: Do you agree or disagree with Priority 4: Seamless progression throughout periods of transition?

A total of 131 people answered this question and 87% either agreed or really agreed with Priority 4 whilst 7.6% neither agreed nor disagreed. 3% disagreed or really disagreed and 3% said don’t know/not sure. Similarly 85.7% of the 21 people who identified as autistic either agreed or really agreed but none disagreed.



In relation to this question, 4 of the 5 people who explained their reasons and identified as autistic were emphatic that support during any period of transition is crucial and should carry on throughout their lives. The remaining person expressed the same opinion made throughout that they had no confidence in the delivery of the strategy. Similarly the comments from 42 other respondents echoed the view that support through transitions throughout life is vital and movement between services should be seamless. This second group, however, expressed concerns that this is a long way from the current position and not likely to be achievable.

Of the 127 total respondents, 81.1% agreed that the actions in Priority 4 were the right ones whilst 7.1% thought they were not. A further 11.8% said don't know/not sure. Of the 20 people who identified as autistic, 75% thought the actions were right, 5 did not and 20% said don't know/not sure.



Fewer comments were received about the actions that were missing or should change for this priority. Some concerns were expressed about the resources being available to achieve the actions and although collaboration was supported there was a plea to make sure consent is gained before sharing information. It was also suggested that autism leads should have qualifications and experience.

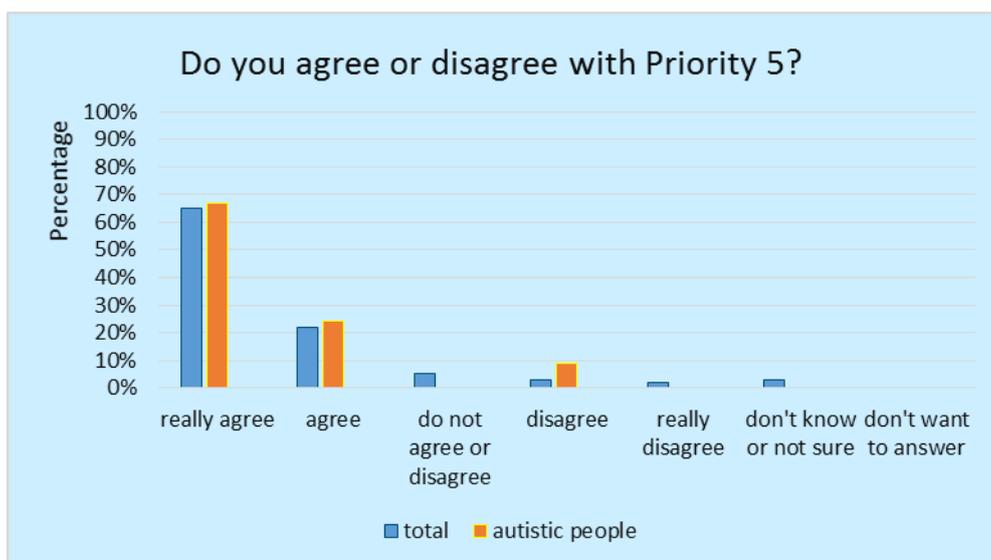
One piece of written correspondence noted that “Change in itself is a source of anxiety for people with autism, and on top of this meetings and procedures often cause great stress and anxiety.” Others also said that having to repeatedly explain needs makes matters worse.

Priority 5

Question: Do you agree or disagree with Priority 5: Providing care and support that empowers autistic people?

86.9% of the 130 total respondents either agreed or really agreed with Priority 5 whilst 4.6% either disagreed or really disagreed and 3.1% said don't know/not sure. Of the 21 people who identified as autistic that answered, 90.5% either agreed or really agreed and 9.5% disagreed.

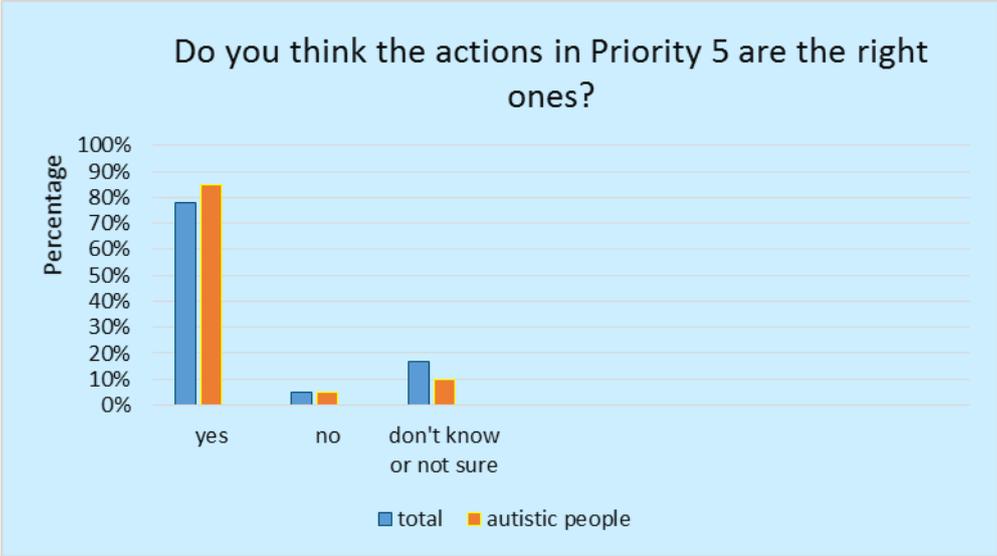
Other sources of feedback suggest that support will only be successful if teaching is on a one to one basis and tailored to how the individual sees the world and that communication strategies and approaches to supportive behaviour and understanding are required.



The comments from 7 people who identified as autistic were supportive of Priority 5 but 3 pointed out that there was a lack of understanding that they might need support to be independent or motivated as they were in work or appeared to be coping. The 40 comments from the total respondents were also strongly supportive of the priority

and although many felt it was a right for anyone, it was not generally understood and needs to be tailored to individuals.

Of the 121 total respondent, 77.7% thought the actions in Priority 5 were the right ones, with 4.9% saying they were not and 17.4% don't know/not sure. There was a little more certainty from people who identified as autistic as 85% thought the actions were right, 5% thought they were not and 10% said don't know/not sure.



In total 19 respondents (including 4 who identified as autistic) commented on the actions in Priority 5 and these tended to be negative about the current situation and the ability to deliver the actions in the future. One suggestion was made to have a panel of individuals, carers and professionals to work alongside the multi-agency team to keep it person-centred.

Some written correspondence supported Priority 5 but recognised it as a real challenge to deliver. Co-production and continued involvement in the development and delivery of the strategy was reinforced and seen as vital to success.

Question: Please tell us if we need to look at anything else in the Strategy?

There were 64 responses to this question including from 13 people who identified as autistic. There were general comments concerned about funding/deliverability and about more support for autistic people and their carers from trained professionals, also some that reinforced the actions already in the strategy. Other more specific comments made are summarised as follows:

- Autism is not a standalone condition – it can be associated with other conditions and attention should be given to these including other learning difficulties
- Education, Health and Care Plans are still crucial
- There should be a standard diagnostic process across the county
- Access to mental health services for high functioning teens

- Individuals should determine how they define their autism
- Support to obtain benefits
- Respite for parents
- Applied behaviour therapy (Applied Behaviour Analysis or ABA) is abusive and should not be used by NCC
- Sensory processing should be part of the assessment
- Housing and homeless claims should accommodate Autism and reasonable adjustments should be made
- Emotional mental wellbeing activities/hobbies/interests which can be accessed alongside increased social support groups
- Quality assurance
- Working with charities that already provide support and working with autistic people as employees or volunteers or parents that have expertise
- Early intervention and integration in society i.e. education
- Ensure the autism champions are passionate about it and not just given the role for the sake of it or their level in the organisation.
- Autism alert cards (other Safe cards not appropriate)
- A crisis support team who have real knowledge of autism
- More user friendly website and phone numbers that can be used when someone is struggling with support
- Autistic advocates
- Good practice model and training in the Criminal Justice system including Magistrates and Crown Court
- An early focus on individual interests alongside social skills, to build these strengths that can lead to employment
- Make sure there are no acronyms in diagrams
- SMART targets
- Short term support is potentially wasted as it takes time to build a relationship with an autistic person
- Support services are Northampton centric

General feedback from all sources

A few respondents to the consultation disagreed with the term 'autistic people' and suggested use of the term 'people with autism'.

There were numerous negative comments about the ability to achieve or deliver the strategy and actions.

One person took the opportunity to say any money should be given to libraries.

One person objected to the use of the word 'less' instead of fewer' in the easy read version of the strategy.

One person thought the consultation was aimed at groups and not individuals.

Equality monitoring

NCC's standard equalities monitoring questions were adapted to include only crucial information about the respondents including those who identified as autistic or supported those that were. Although most individuals answered these questions, not all respondents chose to complete this section of the questionnaire and not everyone answered each question. (98.5% of responses were individuals and 1.5% or 2 from groups). It should be noted however, that some groups responded using other methods.

The largest number of respondents (39.8%) said they live in Northampton Borough. The lowest number contributed from Wellingborough and Corby boroughs (both 6.3%). None of the respondents identifying as autistic said they lived in Corby.

Most of the total respondents stated that they were female (67.8%) compared to the 60% of people who identified as autistic and stated they were male. All but 4 of the respondents stated their gender identity was the same as at birth and none of these identified as autistic.

Most respondents were aged between 30 and 49 years (43.8%). The next largest group of total respondents was aged between 50 and 64 in comparison to people who identified as autistic for which it was 19 to 29 years.

A large proportion of the 50 respondents said they had a disability with mental health highlighted most frequently, followed by a learning disability then physical health. This was mirrored by the 16 respondents who identified as autistic.

When asked if they thought they had an Autistic Spectrum Condition (like Autism or Asperger's Syndrome), 28.9% said yes.

Predominantly, respondents identified themselves as White British (84.2%), although 100% of people who identified as autistic said they were White British.

Respondents were asked about their work situation and 28.6% of those who identified as autistic said they were in paid work whilst 19% are in full time education and 9.5% said they are unable to work. 53% of all respondents said they are in paid work and 4.3% said they are unable to work.

90.5% of respondents who identified as autistic described themselves as single compared to 28.9% of the total.

Just under half of people who identified as autistic said they lived with family whilst slightly less said they lived in their own home. Of the total respondents, 37.3% said they lived with family and exactly half said they lived in their own home.

Full equality statistics from the responses can be found in Appendix 2.

Letters and emails

Correspondence was received from 6 members of the public, Northamptonshire People First, Shooting Stars (a facilitated group feedback form), Healthwatch, Arnold House Children's Home, the Children and Young People's Commissioning Leads at NHS Nene and NHS Corby CCG, NASS Learning Disability team, Northamptonshire Special School Head teachers (NSSH), plus general agreement to the strategy from the Mental Health Transformation Board. Collyweston Parish council replied but stated they had no feedback.

Most correspondence from the members of the public described their difficult personal journeys as people who identify as autistic or their experiences supporting someone/some people with autism either personally or professionally. Where possible specific comments have been added to the feedback about the appropriate priority above.

Northamptonshire People First thought the priorities were good in principle but questioned if they could be put into practice because of financial constraints. To be successful the group thought the right kind of support is key, professionals need to be understanding and caring but above all support needs to allow time for a consistent, positive approach.

Overall the 13 young people at Shooting Stars agreed with the 5 priorities but felt most positive about Priority 4 relating to seamless transition.

Healthwatch welcomed the strategy and its stated intentions but also raised a number of questions and concerns that they did not feel were addressed in the document. The organisation stated that it was pleased to see the acknowledgment of some of the problems with the current pathways and services and it was in agreement with some of the stated actions. The organisation went on to make suggestions under each priority for further actions and improvements. There was also a strong thread of working in partnership with, involving or co-producing with "autistic people and parents/carers of children with autism in the design and delivery of services." An additional recommendation was made for "an independent advocacy panel [to be] formed that carers/service users can contact to raise issues with services to ensure that their voices are heard."

Arnold House Children's Home suggested that the term people with autism should be used instead of autistic people as the child comes before the disability in their service.

The CCG commissioning leads made a few general comments that included: there is not an equal emphasis on adults and children; there is a lack of local data and information or examples of good integrated pathways; and it is unclear what the actions will achieve or if some of the evidence described is already available. Detailed and specific questions and suggestions were also made page by page. The Commissioning leads went on to recommend an Autism specific Joint Strategic Needs Assessment, scoping of current services, definition of what good ‘looks like locally’ and involvement of autistic people and their families / carers in this.

A letter sent on behalf of Northamptonshire Special School Head teachers (NSSH) expressed disappointment that special schools were not included in the development of the strategy although they also recognised that there were a broad range of other contributors. They felt there are strengths in the vision but some missed opportunities such as more attention to support for children and young families, robust measurable outcomes and some aspects of Quality Assurance. Other comments, such as those about transitions and other learning difficulties reflected responses to the questionnaire.

Following group discussion the NASS Learning Disability Team expressed their strong agreement with all the 5 priorities and went on to describe why they thought they were so important. In addition they echoed other respondents by saying that early intervention based on individual need is key.

Social media and digital report

The use of a microsite and promotion by social media was successful in ensuring the strategy and consultation were widely shared. A detailed digital report is available separately.

In summary:

- Content on Facebook was widely shared.
The first 3 posts: reached 27,300 people; were clicked 1,373 times; and received 361 engagements
- Website visitors: There were 1,954 unique page views of the autism consultation homepage during the consultation and in the first 24 hours it was the third most visited page on the site behind the NCC homepage and school term dates
- There were a number of high profile positive references to the strategy and consultation including by the BBC and Northants Telegraph
- Referrals to the website are summarised in the table below.

Source	Referrals
Facebook	741
Google	589
Northampton Chronicle and Echo	106
Twitter	104
Informer	72
Bing	57
BBC	31
NHFT intranet	9

The Responses received on social media were in the main based on personal experiences of the current pathway and services. The majority of these experiences were negative and are focussed on the slowness of pathways and diagnosis, inadequate education and funding, training of staff and general criticism of the Council itself.

Rockin’ Roadrunner event



The aim of attendance at the Rockin’ Roadrunner event was to reach people who may not ordinarily be linked in to the activities of the Council, and to offer an alternative method to gain qualitative evidence. Activities were developed to complement the online microsite and other accessible materials. The focus was on the priorities and actions.

In summary more than 40 people including youngsters, family members, and carers, many with a lived experience of autism took part and 31 responses were recorded. Almost all of the people that visited the stand agreed strongly with the priorities. The results reinforced the work of the strategy development group and its inclusive

methods that involved people with lived experience throughout. Visitors made some important additional comments that are incorporated above.

5. Conclusion

Substantial feedback was received to this consultation from autistic people, families and carers, professionals, and interested members of the public, which, when combining questionnaire responses with attendance at events and letters and emails, totalled over 200 responses.

Overall the strategy was welcomed and the priorities and actions agreed as the right ones.