

DRAFT 2

Meeting the needs of Children and Young People with Autism in Brighton and Hove 2013-2017

‘Better outcomes, better lives’

A plan to support the SEN partnership strategy

DRAFT 2

Introduction

The Brighton and Hove Special Educational Needs (SEN) Partnership strategy 2013-2017 set out five key priority areas for children and young people with SEN. The strategy also acknowledged that children and young people with autism are a key vulnerable group and needed a specific focus. This document, therefore, should be read in the context of the overarching SEN strategy. However, this document will also take account of all aspects of the lives of children with autism and their families to ensure the following **outcomes** are met;

- ***Provision of timely interventions which meet the needs of individual children including high quality education provision and support services during and beyond the school day***
- ***Empowering of parent carers – equipping parent carers with information and skills and strengthening families***
- ***Available services that make early intervention a priority***
- ***Ensuring engagement with children and young people and parent carers in the design, delivery and feedback regarding service provision***

And :To ensure the children’s workforce is competent and equipped to meet the needs of children with autism

To ensure that children and young people are effectively protected and safeguarded.

To deliver Value for Money (VFM), ensuring that the council is able to provide good outcomes and services whilst demonstrating efficiency and cost effectiveness compared to similar authorities or service providers.

To respond to and meet key local and national drivers in both the council, schools and NHS agendas¹

The overall objective of a plan for autism is to ensure the right services are identified, commissioned and provided to meet current and future needs. We want children and young people with autism to receive the right assessment and diagnosis as early as possible, to be able to access additional support if they need it and to know that they can depend on professionals and agencies to treat them fairly as individuals.

The plan reflects the parallel strand of work within Adult Services in meeting the requirements of the Autism Strategy ‘Rewarding and Fulfilling Lives’ (March 2012) and related statutory guidance. The two documents and development work will need to dovetail to ensure effective lifelong support for those who need it

We stand a much better chance of succeeding in our ambitions if we work together as agencies, with parents and with the voluntary and community sector, Together, we are determined to improve services for children and young people with autism

Scope of the Plan

This plan is for children and young people with special educational needs and disabilities relating to autism from 0-19 years of age. There is an adult strategy in place in the city and the children’s plan will dovetail with this. We recognise that there is a broad range of the type of need and severity of need. The plan also encompasses the journey through transition to adult services and will take due account of new legislation informing the use of education health and care plans to the age of 25.

¹ Commissioning strategy children with disabilities and complex needs 2010

DRAFT 2

The plan does not cover details of interventions for autism. Autism means many different things to each individual child, family and school/setting, and can present very different challenges. Every child is an individual and, as such, pathways and interventions need to be individualised.

Defining autism

In line with the NICE clinical guideline 2011, we have decided to use the term 'autism' throughout this document to signify children and young people with a diagnosis of autism including, high functioning autism, Asperger syndrome and other autistic conditions as described in ICD 10 (World Health Organization, 1992) - to date the most commonly used diagnostic criteria. In this context the term 'autism' is used as an umbrella term synonymous with all diagnosed autism spectrum disorders.

The National Autism Strategy defines autism as:

"A lifelong condition that affects how a person communicates with, and relates to, other people. It also affects how a person makes sense of the world around them. The three main areas of difficulty, which all people with autism share, are known as the 'triad of impairments'.²

- understand and use non-verbal and verbal communication;
- understand social behaviour which affects their ability to interact with children and adults;
- think and behave flexibly – which may be shown in restricted, obsessional or repetitive activities.

Each person with autism is unique and provision needs to be sensitive, flexible and personalised to meet their needs.

Autism is a lifelong condition that has a great impact on children, young people and their families or carers. It can affect how they make sense of the world around them. Usually, difficulties are present in early childhood although sometimes they are not evident or significant until a time of change or transition. Autism is considered to be a neuro-developmental condition and, as such, health services have a key role in recognising and diagnosing autism.

"All children with autism are individuals and their areas of strength will vary. Many children with autism will have an ability to focus on detail and they may be able to concentrate for long periods on a single activity if it is of interest to them. They can give their sole attention to a task and therefore can often achieve a high level of skill."

Adapted from Autistic Spectrum Disorders – Good Practice Guidance

There is a wide range of cognitive, social and communicative ability within the autism spectrum which can include children with profound learning difficulties, with little or no verbal communication through to those with average or high levels of functioning. In addition to learning disability, autism often occurs alongside other difficulties or disabilities such as sensory impairment, Down syndrome, gastrointestinal disorders, epilepsy, or other related genetic conditions. Coexisting conditions e.g. specific learning difficulty such as dyslexia may compromise the effectiveness of accepted educational approaches for students with autism, and increase the need for a more personalising teaching and individualised learning strategies.. Some individuals with autism may also go on to develop mental health problems.

Recent research estimates that as many as 70% of individuals with autism may also have other difficulties which impact upon their functioning and wellbeing (NICE Autism: recognition, referral and diagnosis of children and young people on the autism spectrum Clinical Guideline, September 2011).

DRAFT 2

National policy position

There is no national policy specifically in relation to children and young people. However with regards to adults with autism , in 2009 the Autism Act entered the statute . The Act made two key provisions:

1. that the Government produce an adult autism strategy by 1 April 2010
2. that the Secretary of State for Health issue statutory guidance for local authorities and local health bodies on supporting the needs of adults with autism by 31 December 2010.

The guidance sends a clear message that local councils and local NHS bodies in England must improve:

- training for their staff
- identification and diagnosis of autism in adults
- planning of services for people with autism, including the transition from child services to adult services
- local leadership

The first ever strategy for improving the lives of adults with autism in England was published on 3 March 2010 and is being monitored during 2013.

The elements of the act and autism strategy key to this plan are those related to transition.

For children and young people, there are good practice clinical guidelines produced by NICE and published in August 2013.² The guidelines support the implementation of the NICE pathway for autism³

National context and prevalence

Autism is much more common than many people think and is recognised as the second most common primary special educational need according to Pupil Level Annual Schools Census (PLASC). The NAS estimates that there are 535,000 people in the UK with autism. If their families are included, autism touches the lives of over two million people every day.

The NAS has reported a 61% increase in autism cases between 2005 and 2010. Recent studies have reported increased prevalence and the condition is now thought to occur in at least 1% of children.

We also know that there is an increase in the numbers of children and young people who have complex learning needs where autism co-exists with another difficulty.

What remains unclear is whether the actual prevalence of autism is on the rise, or whether the increasing numbers of children and young people with autism are the result of the broadening diagnostic concept (Rutter, 2005). What is evident is an increasing demand for diagnostic services for children and young people of all ages in the health services and an increase in the overall volume of referrals to the teams that support these children and young people due to improved recognition. A study by Baird et al (2006) suggested the prevalence of autism may be nearer to 1:86.

More children and young people have autism than ever before and most teachers will teach a pupil with autism at some point during their career. In fact 1 in 3 children in special schools now have an educational need related to autism (Barnard et al, 2002), which highlights the need for an effective educational approach to meet the needs of this complex population of students. It is essential that all staff have an awareness and

² <http://www.nice.org.uk/guidance/index.jsp?action=byID&o=14257>

³ <http://pathways.nice.org.uk/pathways/autism>

DRAFT 2

understanding of autism and how to implement strategies to enable these children and young people to access all aspects of school life and to reach their full potential.

Autism is far more prevalent in boys than in girls (by approximately four to one). Happe (2011) suggests that this may be because of diagnostic practices and that, perhaps, females tend to cope better with their autistic traits.

Brighton and Hove prevalence

There are 59,500⁴ children and young people aged 0-19 in Brighton and Hove including around 35,554 school age children (2012, Schools' Census) across local schools and settings. Taking the national prevalence for autism of about 1 in 100, this suggests that we could expect around 550 children and young people in the city to have a diagnosis of autism. However, some families may choose not to seek a diagnosis or don't wish to access support services. Brighton and Hove has a prevalence rate of 5.9 per 1,000 children with ASC statements in schools.

Nationally, around 19% of statements of SEN are for autism. There are 185 children with ASC with a statement which represents 18% of the total number of statemented children

22% of the pupils statemented with autism are eligible for free school meals

The Autistic Spectrum Condition Support Service (ASCSS) offers support to schools which include one or more pupils with a diagnosis of Autistic Spectrum Condition (ASC). ASC includes pupils who have a diagnosis of Asperger Syndrome. There are currently **242** pupils with ASC on the diagnosed pupil database of the ASCSS: pupils included in pre-school settings, and mainstream Primary and Secondary schools, in Brighton and Hove.¹³

The register of disabled children maintained by Amaze, known as Compass, has 421 children with an ASC registered (348 male and 73 female)

Approximately 60 new diagnoses of ASC are made each year by Seaside View and CAMHS

4. Engagement and Consultation

Joint Engagement in Preparing the Plan

In developing this plan, we have listened to and taken account of feedback from a range of professionals, parents / carers, voluntary sector organisations and young people with autism.

A steering group of professionals and parent carers identified the following areas for development

- Children not meeting criteria for services- social care family support, CAMHS etc
- Support at home with behaviour
- Education health and care plans going to age 25
- Transitions
- Exclusions (particularly informal) and part time timetables
- Information and communication (it was noted that the local offer may help)
- Intensive early intervention (examples given of small pilots at Downsview and SSV)
- Training for parents and professionals
- Keyworker/lead professional
- Support for parents re communication with children at home e.g PECS
- Post 16 provision outside special schools

⁴ ONS census data 2011

DRAFT 2

A survey undertaken by a local support group mAScot identified the following themes:

What would improve the quality of life and well-being of your child and your family?

After school club and social activities

More support in school

meeting group(s) outside of school, for children from mainstream school,

Social skill club or group.

Our views to be taken into account by the school

Aspirations to be higher for children with autism

Less of a need to fight for what our child clearly should receive to address her needs in Education.

More support and understanding from school and the public.

some ongoing help with anxiety and aggression and social skills

An understanding in the Council of ASC. And an LEA not scared of Schools.

Better consultation of parents by school

Extra help in the home

More help and understanding from professionals. I am exhausted and stressed because I have to constantly fight against a system where I feel judged.

People having more knowledge on ASC, how it affects the child and family. Most important being listened too - if I say I need help it means I really need help and I am the expert of my child's needs please listen to what I have to say.

mAScot 19th March 2013

A scrutiny panel was set up with its first meeting in July 2013 with the remit of considering 'what services are currently in place to help children with ASC and their families including: issues around diagnosis, health, education, social care, and home support; to look at areas of best practice; and to make recommendations for action'. The recommendations of the panel will inform the development of this plan

The Autism steering group locally is undertaking an audit of progress against the adult National Autism Strategy and participation in this process has identified risks for young adults with autism presenting within the criminal justice system. The youth offending service does not report corresponding high incidence but this will be an area for further investigation

Aims and Principles

Our vision for our children and young people with SEN is that they will achieve the very best they can. In implementing this we will

- Work collaboratively across health, education and social care to identify and diagnose children as early as possible
- Demonstrate NICE compliant multi-agency assessment and diagnostic pathways
- Demonstrate our commitment to equality of opportunity, early intervention, preventative action, educational and social inclusion and high achievement for all learners
- Enable access to the curriculum and to the wider activities of our schools and early years providers

DRAFT 2

- Place the child or young person at the heart of our plans and service delivery, working in a multidisciplinary way to achieve the best outcomes and shared priorities
- Work in partnership with education providers, parents, carers and communities to ensure that most children are able to be educated in their local area and continue to live with their family. Where this becomes too difficult to sustain we will work with all partners to ensure effective alternative provision is made as locally as possible
- Provide effective information and support to families about autism and strategies to live with and manage presenting behaviours and the impact on the child and family
- Communicate effectively with families about available services and eligibility criteria by publishing a subsection of the Local Offer specific to autism
- Ensure quality evidence-based provision is in place where children and young people have high aspirations and are empowered to achieve them
- Ensure our workforce has appropriate knowledge of autism and that there is access to specialist skilled staff across education, health and social care

Current provision

Autism Diagnosis by Health Services

It is important that a child's individual needs are identified as soon as possible so that they can be met in the most appropriate way. The assessment over time may indicate autism, but early intervention appropriate to the child's identified needs should not be dependant on a diagnosis of autism. However, it is recognised, that a diagnosis may help to guide families and professionals to the most appropriate source of information and support. A diagnosis can point the way to the type of difficulties that a child may have, but effective support can only be based on identification of the particular profile of individual needs and strengths, working in partnership with other agencies.

Parents/carers who feel that their child may have autistic spectrum condition (ASC) and wish to get a diagnosis or assessment should contact their GP or Health Visitor. If the GP/health visitor thinks a child may have ASC they should refer them for a formal assessment or diagnosis. In Brighton & Hove this is undertaken by **Seaside View Child Development Centre** if they are in primary school (up to Year 6) or **CAHMS** if they are older. In theory, parents can also self-refer. The rationale for having two main pathways to diagnosis (one for primary school children and one for older children and young people) is that for younger children community paediatricians are integral to the assessment of younger children to allow for differential diagnosis of autism, as opposed to other developmental conditions. For older children, the more likely differential is deemed to be between a mental health condition and autistic spectrum condition so a psychiatrist is part of the assessing team.⁵

If a school or nursery feels that a child would benefit from a special educational needs assessment, or if they believe a child may have ASC they must get the consent of the parent/carer first.

National guidance indicates that this formal assessment should lead to a multidisciplinary assessment by a team of professionals including, for example, psychiatrist, clinical psychologist, paediatrician, and possibly a speech and language therapist. NHS protocols suggest certain steps are taken on the procedure for assessment of possible ASC including: collection of information about child's development, health and behaviour from GP or nursery/school such as a series of interviews to gather details of development/history, a series of appointments to observe & assess specific skills and activities, and a physical examination. NICE clinical guidelines for autism diagnosis in children and young children set out very clearly the signs and symptoms of possible autism in children. They note that these signs and symptoms are a combination of delay in expected features of development and the presence of unusual features and are intended to "alert professionals to the possibility of autism in a child or young person about whom concerns have been

⁵ Report to CYPOSC

DRAFT 2

raised...to help professionals recognise a pattern of impairments in reciprocal social and communication skills, together with unusual and repetitive behaviours".⁶

Seaside View⁷

If a GP/Health visitor makes a referral for a *Developmental Assessment* this will be undertaken by a community paediatrician, sometimes jointly with other members of the team. This general developmental assessment (also known as Stage 1) may take various forms and involve various professionals. As a minimum, it will include a community paediatric assessment. Following this, a referral to a Stage 2 assessment will be made if there is a concern that the child may have ASC.

The Stage 2 assessment is an *ASC specific assessment* and it is requested by the community paediatrician at Stage 1 if there is concern about ASC. This is a multi-disciplinary assessment involving ASC-specific history from parents and collating information from other professionals, including information from the school/nursery. The speech and language therapist and clinical psychologist will undertake formal and informal assessments.

In some cases, a diagnosis is not reached at Stage 2. These children may need a period of observation in school and a review appointment. For a very small number of children, there are complex factors preventing a diagnosis and these families may be offered a referral to a tertiary centre which has national expertise in assessment in ASC – usually the Newcomen Centre, Guy's Hospital.

If a child receives a diagnosis of ASC, an action plan and information pack will be offered to the family. The ASC Support Service will be informed if the child attends a state maintained school. Within 6-12 weeks, a multi-disciplinary planning meeting is arranged for all pre-school children (and school age children if appropriate) to formulate the care plan. This meeting will include parents/carers, SENCO, ASC Support Service, School Nurse, and possibly others (eg paediatrician, educational psychologist, speech and language therapist). Specialist HV's are informed of all children diagnosed with ASC and contact parents by letter to offer support.

Child and Adolescent Mental Health Service (CAMHS)

The CAMHS assessment includes a generic Stage 1 assessment and a multi-disciplinary Stage 2 diagnostic assessment following NICE guidelines. The Stage 2 assessment incorporates a care plan and CAMHS would expect to work closely with schools and other services.

If a child receives a diagnosis of ASC, an action plan and information pack is provided and within 4-6 weeks there is a review meeting for parents/carers with the diagnosing clinician to go through the report. The ASC School Support Service will also be informed if the child is at a state-maintained school. This is followed by a planning meeting arranged by the diagnosing clinician to include parents/carers, SENCo, CAMHS, ASCSS (possibly with educational therapist, speech and learning therapist, school nurse etc). The next stage is back to the referrer within CAMHS. Specialist HV's are informed of all children diagnosed with ASC and contact parents by letter to offer support. Post diagnosis Parent Carers are offered a group

Other assessment routes

Parents/carers may opt for private assessment in order to reduce waiting times but it is worth noting that local services might not recognise a private assessment. The National Autistic Society recommends that any parents/carers following the private route should also stay on any waiting list for a NHS diagnosis even if a private assessment is undertaken.

⁶ *Autism diagnosis in children and young people. Recognition, referral and diagnosis of children and young people on the autism spectrum.* NHS National Institute for Health and Clinical Excellence. NICE clinical guideline 128

⁷ Staff at Seaside View include: Key workers – support for children and families; Nursery Nurses; Occupational therapists; Paediatricians; Physiotherapists; PRESENS; Psychologists/Counsellors; Social Workers; Specialist Health Visitors; Specialist Nurses; Speech and Language Therapist.

DRAFT 2

Intervention

Schools, health and early years' settings have a major role to play in supporting families by expanding opportunities, widening access to education, as well as increasing the opportunities available to, and the achievements of, children and young people with autism.

Schools and settings sometimes work with children using autism friendly approaches prior to diagnosis - perhaps when a process of assessment and diagnosis is underway, or when behaviours strongly suggest that such approaches will be helpful to the individual concerned.

There are different interventions available at different points in the child's life:

Pre-school

Seaside View- diagnostic pathway, post diagnosis support and therapy intervention eg speech and language therapy and small group work . Counselling for parents. Time Out for autism- training programme offered to families with an autistic child of all ages

PRESENS – support within early years child care settings to enable access to early education. Specialist assessment at the Jean Saunders Centre alongside a mainstream early years place where the level of need indicates this would be helpful and appropriate . Access to Educational Psychology

Children's Centres including health visitors and early years visitors – health visitor support in the home. Early years visitors offer some targeted intervention in the home where this is deemed appropriate

School age

Ongoing support from SSV including therapies, community paediatrics, psychology and access to specialist health visitors and nurses . Time Out for autism

CAMHS Tier2 and 3 (Including LD CAMHS) – support for mental health and emotional and challenging behaviour issues associated with and alongside Autism

ASCSS- support to schools to best develop their curriculum and approaches to learning, particularly in mainstream environments. Parent support worker

Disability social work team – including assessment of eligibility for short breaks

Mainstream schools – access to SENCO support and small group and potentially specific additional teaching assistant time or differentiated curriculum depending on need

Units in mainstream- specialist support in a unit and to increase access to inclusion

Special schools – specialist support where the child's needs indicate this would be appropriate- e.g. in instances where autism is associated with challenging behaviour and learning disabilities or a young person is not able to access a mainstream environment for reasons of the curriculum or social interaction difficulties

Specialist provision outside the LA- where the family and LA feel that this is most appropriate to meeting the child's needs.

Educational psychology – assessment of need and ongoing support to schools in managing learning and behaviour needs

Training for staff and parent carers – Time Out for ASC, training offered to schools by ASCSS

Group for parent carers in CAMHS post diagnosis

Transport – offered where a child has a statement of special educational need and accessing school would otherwise prove difficult. Working towards promotion of independence

Other

Community and voluntary sector organisations; eg Amaze can support parents to receive appropriate advice and support, including in thinking about starting school. There are also specific autism focused support

DRAFT 2

groups eg Mascot and Autism Sussex. Scope offers Face to Face- a befriending service which links parents with trained volunteers. Not all services are dependant on a diagnosis but may be generic to those families with a child with an additional need, including Autism pre and post diagnosis

Moving forward – focus areas for development

Focus Area 1: Early Identification and Awareness Raising

Raising awareness of autism via multi-professional training of the workforce is beneficial to increasing early assessment of need and related diagnosis. Additionally, a workforce that is skilled in autism can help identify particular 'at-risk' groups for which autism is currently under-diagnosed (including individuals who have English as an additional language and those with an intellectual or sensory impairment). Through increasing understanding and awareness of autism it is envisaged that this will help identify children who may potentially have autism at an earlier stage. This should enable early intervention.

Priority Actions:

- **Increase autism awareness across the workforce through a targeted and tiered programme of competency-based training (universal, targeted and specialist)**
- **Increase the number of professionals able to deliver a range of parent support training courses for autism**
- **build on the current parental support programmes e.g. Time Out for ASC and CAMHS post diagnosis groups**
- **review of the prevalence of young people with autism in the youth offending service and awareness raising in this and other young people's services about the vulnerability of young people with autism**

Focus Area 2: Integrated Assessment

When autism is suspected the assessment process can be detailed and complex, and usually involves a range of professionals.

"The identification of autistic spectrum disorders requires expertise, experience and time."

*Wing, 1996 North Yorkshire
Joint Autism Strategy 27*

An accurate diagnosis can often bring clarity of what is needed to help the child or young person progress, and relief to those involved that they now have an explanation for the symptoms they have. We acknowledge that not all parents want to go down the diagnosis route. This may be for a number of reasons; however clinical support will still be available without formal diagnosis.

During the critical period around diagnosis school remains a constant in the child's life, providing regular structure and stability whilst parents and families begin to understand the lifelong implications of such a diagnosis. School provides a sense of structure and stability for the child and family, particularly throughout the diagnostic period. Parents will seek reassurance and evidence that their child's school is, at the very least, autism aware. They may also seek information on the skill level of their child's teacher in relation to autism.

Educational professionals e.g. Educational Psychologist will have been involved with the child and parents during the assessment period, or perhaps been part of the diagnostic process and therefore already have an understanding of the parents and extended family. This relationship can be pivotal in helping parents

DRAFT 2

understand how autism affects their child and impacts on their learning as well as developing strategies that will help.

Priority Actions:

- **Ensure the pathway for assessment and diagnosis of autism is consistently applied and that it is NICE compliant**
- **Provide joint health / education / social care plans post diagnosis, for children with autism, linked to the work of the Local Pathfinder**
- **Establish a mechanism for data collection and monitoring of the diagnostic process relating to autism**
- **Ensure that future health commissioning arrangements include full engagement with the plan for autism**

Focus Area 3: Give parents greater control and influence

For partnership working to be effective, sharing and collaboration are essential - between parents, between professionals and between parents and professionals.

We will engage with young people, their parents/carers and those representing support organisations e.g. Amaze, mASCot, in developing the information pack for parents and families. Once the plan is finalised we will work with a group of young people to develop a young-person friendly version.

Priority Actions:

- **Work through Amaze and the Local Offer to ensure comprehensive awareness of local groups that operate for children with autism**
- **Improve signposting to Voluntary Sector organisations that already offer support to children and young people with autism and their families, including opportunities for short breaks and leisure activities**
- **Ensure that families of children 0-5 with a diagnosis of autism are aware of and registered with their local Children's Centre**
- **Increase the number of training events and availability of autism awareness sessions for parents and professionals**
- **Conduct annual service user satisfaction surveys to monitor parental and service user feedback**
- **Ensure information packs are available for families post diagnosis to provide relevant information and support**
- **Ensure autism information is readily available and accessible through Family Information Services and libraries**

Focus Area 4: Enhance local provision

What we hear from parents is that they would like to feel more confident that their child's school understands and knows how to work with their autistic child or young person. This seems to be an area of particular issue where a child attends a mainstream primary or secondary school. We recognise the need to enhance the workforce's understanding and knowledge of autism and also that joint planning and relationships with parent carers is key. The SEN pathfinder team have been developing a new model for a single plan and have been working on information sharing and parental confidence raising. These developments will support the parents of children with autism. We know that parents particularly feel that there is a lack of local secondary provision and we will address this via changes to the facility at Hove Park school. We also need to ensure an integrated approach to supporting children and young people across a range of settings and there will be greater emphasis placed on joint planning across education, health and social care and families to ensure a consistent approach to the needs of the child/young person.

DRAFT 2

Priority Actions:

- **Map the autism pathway of services to identify gaps in provision and encourage greater integration of services**
- **Ensure the needs of children with autism are included in the local authority's strategy for "Narrowing the Gap"**
- **Further develop ASCSS and PRESENS to support pre-school children through early intervention**
- **Embed the specialist educational psychology role to increase skills and knowledge in meeting the needs of children with autism and support schools**
- **Ensure that the full range and extent of provision for families of children with autism is identified and included in the published Local Offer**
- **Ensure that older young people with autism engaged with youth services, youth offending etc are well supported**

Focus Area 5: support at home

The vast majority of children and young people live at home with their families and thus families need support and advice about managing the needs of their child/young person and this needs to be consistent across all settings. We are aware that currently parent carers identify this as a real and specific gap and recognise the need to develop greater support in the context of the family home. In some instances children, young people or their families may identify the need for short breaks/respite opportunities. We will seek to enhance the availability of access to support services by developing the Local offer and , where eligibility criteria are met, access to social care resources including direct payments.

Where it is not possible for a child to remain living within their family, careful multi-agency planning will be undertaken to identify the most appropriate placement for a child.

Priority actions;

- **Enhance the autism knowledge of services offering support to families eg health visitors, PRESENS, Community CAMHS**
- **Develop the family support worker role within the ASCSS**
- **Develop the role of special schools and facilities for autism to support the introduction and implementation of particular strategies at home**
- **Make effective use of the Single EHC plan to describe support across all settings and ensure consistent use of agreed behaviour interventions/strategies**
- **Use the Local offer to describe local services, their skills, knowledge and experience to build parental confidence in what they provide**
- **Develop the work of the Behaviour Support Network**

Focus Area 6: Transitions

It is important to ensure that the transition planning and process is well planned and coordinated at every stage for children and young people with autism. All providers and partners must work closely with the child and their family to ensure that these stages of the individual's life are well coordinated. This will ensure that services are tailored to meet the individual needs of the young person.

The goal is to deliver personalised services that give each individual the right support to have more choice and control over their own lives.

DRAFT 2

Transition should not be a one off event and preparation should start early and can be supported by a health transition plan. It is important that we improve multi-agency working for young people with autism going through transition.

Priority Actions:

- **Monitor and track destinations post 16 for young people with autism**
- **Continue to improve local personalised pathways for Post 16 and Post 19 learning opportunities, to enable more young people with autism to be educated and to live locally**
- **Ensure that this plan links with the strategy for young adults with autism and leads to improved pathways and better managed expectations for young people moving from being a child to adulthood**
- **Young people with autism moving into adult services will have an individual assessment of need and transition plan, including plans for education, employment and training**
- **Take a 'One Council' approach to planning for autism, working closely with the Health economy**

Accountability and governance

The plan will be overseen by the SEN partnership board and agreed at the ASC strategy group- a multi agency group including representation from parent carers . It will be jointly agreed across the Children's Service and sit within the accountability arrangements of the CCG and council structures. The ASC steering group will report performance against the plan, including any areas of concern to both boards. The ASC steering group will link with the adult ASC strategy group through cross over membership and each will take due account of the other

Performance indicators – to be developed

Actions will be drafted in the form of a detailed tabular action plan once principles are agreed. (see appendix 1)

DRAFT 2