



**DRAFT ONE HALTON ALL-AGE  
AUTISM STRATEGY  
2018 - 2021  
And  
DELIVERY PLAN**

## Contents

1.0	INTRODUCTION.....	4
1.1	National Context .....	4
1.2	Local Context .....	5
1.3	What is Autism? .....	7
1.4	The aim of this strategy .....	7
1.5	How the Delivery Plan was developed .....	8
2.0	Strategic Objectives.....	15
2.1	Local Planning and Leadership.....	15
2.1.1	Identification and diagnosis of autism .....	16
2.2	Transition from childhood to adulthood .....	18
2.2.1	Planning.....	18
2.2.2	Transition protocol.....	20
2.3	Training of staff who provide services to children and adults with autism.....	20
2.3.1	Autism Awareness.....	21
2.4	Education, health and care plans.....	22
2.4.1	New school provision for children with autism.....	23
2.5	Transition to adult health services .....	24
2.6	Preventative support and safeguarding .....	25
2.6.1	Access to information and signposting .....	26
2.7	Reasonable Adjustments and Equality .....	27
2.8	Supporting people with complex needs .....	27
2.9	Working with the Criminal Justice System.....	30

## Foreword

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This new All-Age Autism Strategy in Halton aims to take a more joined-up and holistic approach to developing opportunities and realising potential for people with Autism at every stage in their lives. People with Autism are a valued part of the community of Halton and Halton Borough Council (HBC), NHS Halton Clinical Commissioning Group (CCG) and NW Boroughs Healthcare NHS Foundation Trust share a commitment to work together to improve the lives and opportunities for both children and adults with Autism in Halton.

We recognise that, although there are a lot of positives in the Autism services delivered in Halton, there are also areas that require more focus, especially around transition into adult services which we know can be a particularly difficult stage for young people. By joining together to develop an All-Age Autism Strategy, we are aiming for an ambitious approach, going above and beyond the national guidance.

The Strategy and the Delivery Plan set out our current position, the areas for improvement that we need to focus on over the next 3 years and the outcomes for individuals that we want to achieve. The Delivery Plan has been developed in conjunction with children and adults with Autism and their carers and families, along with the key providers of services within Halton. We would like to thank everyone who has been involved with the development of this Strategy and Delivery Plan, in particular people with Autism and their carers and families.

Rob Polhill

***Leader of the Council and  
Chair of the Health and Wellbeing Board***

## 1.0 INTRODUCTION

### 1.1 National Context

In 2009 the Government implemented the first ever condition-specific legislation in England, the **Autism Act 2009**<sup>1</sup>, demonstrating the importance that Parliament has attached to ensuring that the needs of people with autism are fully met.

In 2010, the original Adult Autism Strategy, *Fulfilling and Rewarding Lives*, was published.

During 2014, an updated Adult Autism Strategy was developed, **Think Autism** building on from the 2010 version, with a progress report on the implementation of **Think Autism** which was published in January 2016. The main vision in **Think Autism** is:

***“All adults with autism are able to live fulfilling and rewarding lives within a society that accepts and understands them, they can get a diagnosis and access support if they need it, and they can depend on mainstream public services to treat them fairly as individuals, helping them make the most of their talents”.***

In March 2015, the Government produced updated statutory guidance for local authorities and NHS organisations to support the implementation of **Think Autism**. The guidance was revised following responses to a consultation “No Voice Unheard, No Right Ignored” which was a consultation for people with learning disabilities, autism and mental health conditions. It examined how people’s rights and choices can be strengthened. Halton’s strategy is based on this guidance, the national consultation and local consultation with adults and children who have autism and local organisations who are involved with people with autism.

Recent legislation has also provided for new duties for services for people with autism, including the **Care Act 2014** and the **Children and Families Act 2014**.

In 2014 the National Institute for Clinical Excellence (NICE) developed a quality standard on autism for adults and those under 18 which highlights how organisations can ensure they are delivering the best treatment and support for people with autism. The quality standard has 8 measurable statements to be used by organisations to improve the quality of care for those with autism. We have used these statements in our strategy and to contribute to shaping our Delivery Plan.

Implemented in September 2014, the Government published a new Special Educational Needs and Disability (SEND) code of practice for children and young people aged between 0 – 25 years and provides statutory guidance for organisations

<sup>1</sup> <http://www.legislation.gov.uk/ukpga/2009/15/contents>

that work with and support children and young people who have special educational needs or disabilities.

## 1.2 Local Context

Halton has a number of key local strategies and policy documents that are key drivers in areas of priority for health and social care. The documents include the following, which are all accessible on the HBC website at [www.halton.gov.uk](http://www.halton.gov.uk) :

- One Halton Health and Wellbeing Strategy 2017 – 2022
- Halton Joint Strategic Needs Assessment (JSNA) 2017
- Pan Cheshire Local Safeguarding Children's Board Procedures 2017
- Adult Social Care Local Account 2015/16
- Safeguarding Adults in Halton: Interagency Policy, Procedures and Good Practice Guidance 2015 – 2018
- SEND Joint Commissioning Strategy 2017
- Children and Young People's Commissioning Strategy 2017-2020
- Children, Young People and Families Plan 2018 – 2021
- Halton Short Breaks Statement 2017

The One Halton Health and Wellbeing Strategy sets out the vision of the Halton Health and Wellbeing Board (HWBB) and states six different priorities for the borough for the time period the document is active. These priorities can be life-course and condition specific:

- Children and Young People (CYP): improved levels of early child development;
- Generally Well: increased levels of physical activity & healthy eating and reduction in harm from alcohol;
- Long-Term Conditions: reduction in levels of heart disease and stroke;
- Mental Health: improved prevention, early detection and treatment;
- Cancer: reduced level of premature death; and
- Older People: improved quality of life.

### Overview of Halton's population

The population of Halton, as of 2016, is older than that of England.<sup>2</sup> There is a greater proportion of the over-all Halton population aged 50-69 than England and, a much lower proportion of the population aged between 15 and 44. This emphasises the potential for an ageing population to impact upon the borough's working age population. Although there are currently a lot of people of working age in Halton, a lot are within 10-20 years of retirement age and so this may present issues with workforce population in the future.

The age breakdown of Halton's population is expected to change over the next two decades. The proportion of people over the age of 74 is expected to swell and the

<sup>2</sup> Halton's Joint Strategic Needs Assessment 2017

proportion of children and people of working age is expected to contract. This is the case nationally also, but is predicted to be emphasised more so locally. As of 2016 12.0% of Halton's population are aged 70 and above, whereas, in 2039 Halton's projected population aged over 70 will represent almost a fifth (19.6%) of the entire population of the area.

### Estimated Prevalence of Autism in Halton

The Centre for Public Health, Liverpool John Moores University<sup>3</sup> was commissioned by NHS England in 2016 to deliver this health needs assessment for learning disabilities and autism amongst adults and children for the nine Cheshire and Merseyside local authority areas. The report focuses on the health and wellbeing needs of adults and children with learning disabilities/autism.

The report provides some information on the estimated prevalence of autism amongst adults and children in each local area. Unfortunately, it is only possible to estimate because there are no definitive records held.

Estimated numbers are generated by applying national prevalence rates to local population data:

**308**

Estimated number of  
**children** with autism in  
Halton\*

**855**

Estimated number of  
**adults** with autism in  
Halton\*\*

*\*Estimated numbers of children with ASD have been calculated by applying the prevalence rate of 1% reported by the National Autistic Society (2013) to local population projections (308 is the estimated number @ 2018 based on the 2012 population projections).*

*\*\*Estimated numbers of adults with ASD have been calculated using the national morbidity survey on autism in adults. This survey found the prevalence of ASD to be 1% of the adult population (Health and Social Care Information Centre, 2009) at a 1.8% rate amongst men and 0.2% amongst women. These prevalence rates have been applied to population estimates (2015) to give a predicted number of 855 adults with autism in Halton (760 males, 95 females).*

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<sup>3</sup> [Learning disabilities and autism: A health needs assessment for children and adults in Cheshire and Merseyside \(Centre for Public Health, Liverpool John Moores University, January 2016\)](#)

Establishing an accurate number of people with autism in Halton is extremely difficult because there is no register or exact count kept and this is the case across all areas. Records are held by local authorities in terms of the people they provide services to, schools will know how many of their pupils have autism and GPs and diagnostic services will hold their own records, but none of these datasets take account of those who are 'hidden' because they are not in contact with services or are not diagnosed.

A key action as part of the Delivery Plan will be to establish more accurate records of those with autism in Halton; this will depend on partnership working and data sharing, taking a systematic and co-ordinated approach across education, health and social care.

### 1.3 What is Autism?

Within Think Autism, the term autism is described as “an umbrella term for all autistic spectrum conditions, including Asperger Syndrome. Many people with autism also have related hidden impairments such as attention deficit hyperactivity disorder, dyspraxia, dyslexia, dyscalculia and language impairments as well as associated mental health conditions and linked impairments that may not be obvious to other people”.<sup>4</sup>

Autism is 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”, which are:

- Social Communication - using and understanding verbal and non-verbal language, such as gestures, facial expressions and tone of voice;
- Social Interaction – recognising and understanding other people’s feelings and managing their own; and
- Social imagination – understanding and predicting other people’s intentions and behaviours and imagining situations outside their own routine.

### 1.4 The aim of this strategy

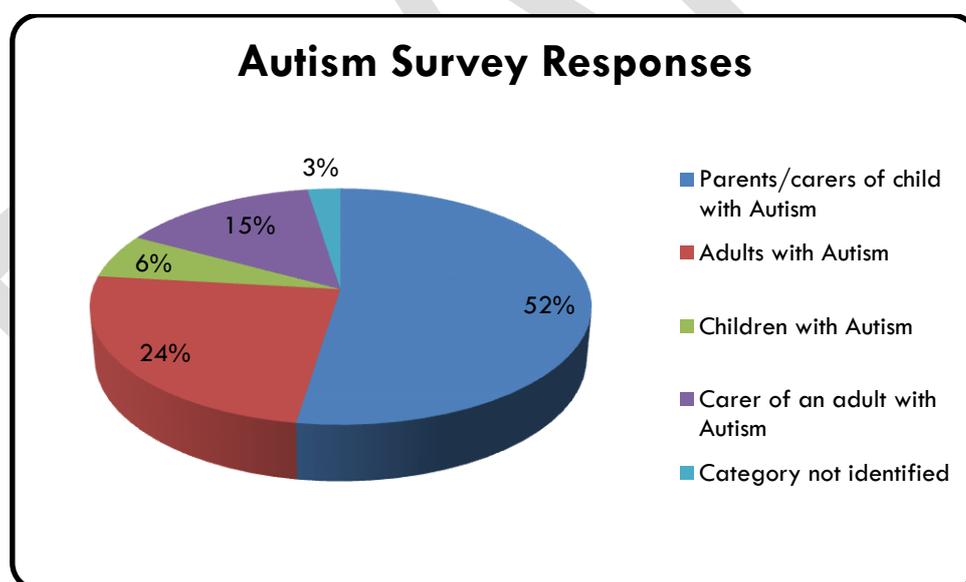
This is a high level strategy, designed to support people with autism in Halton, ensuring that services across Halton work in collaboration with key partners to move forward the priorities set out in **Think Autism**. The strategy aims to identify areas that require improvement, based on the views of adults and children with autism in Halton, and their carers and families, which link in to the national statutory guidance and national consultation.

<sup>4</sup> New definitions of Autism are due out in early 2018 - <http://www.autism.org.uk/about/diagnosis/criteria-changes.aspx>

### 1.5 How the Delivery Plan was developed

At the end of this strategy there is a Delivery Plan which focusses on the areas for improvement. Halton are committed to working with people with autism and partner organisations in making improvements in this area. This has been a partnership approach between HBC, NHS Halton CCG, NW Boroughs Partnership, the independent and voluntary sector and people with autism and their carers/families. This has included:

- An initial easy-read survey sent by post to:
  - Adults with Autism/Asperger's
  - Headteachers at Brookfields Cavendish, Simms Cross, The Grange, St Peter and Paul schools to circulate to children with a diagnosis;
  - Local Offer;
  - Halton SEND Partnership information, advice and support service (SENDIASS);
  - Assessment Co-ordinators within SEN team;
  - SCOPE About Disability;
  - Halton Speak Out; and
  - Parents from children in Disabled Children's Services.
- The survey was also advertised on the Councils' Facebook and Twitter accounts



From the initial survey responses, the main two areas for improvement highlighted were:

- More places to socialise/more activities for people with Autism; and
- More support for young adults through transition.

Following the initial survey, we then held various consultation events across Halton to identify priorities and highlight areas for improvement including:

- Experienced-based consultation event with adults with autism at Runcorn Town Hall;
- Coffee mornings at schools;
- The Voice of Autism – Ashley High School; (see Appendix 1);
- Consultations with schools (see Appendix 2);
- Simms Cross Resource Base Questionnaire to Parents (see Appendix 3);
- A provider consultation event with key stakeholders.

**EXPERIENCED-BASED CONSULTATION EVENT WITH ADULTS WITH AUTISM, RUNCORN TOWN HALL ON 5<sup>TH</sup> DECEMBER 2017**

The event was facilitated by staff from Halton Borough Council and North West Boroughs Healthcare NHS Foundation Trust and was attended by adults with autism and their carers. Individuals had the opportunity to give their view of services based on their own experiences. The afternoon was filmed to be used to further improvements in autism services in Halton.



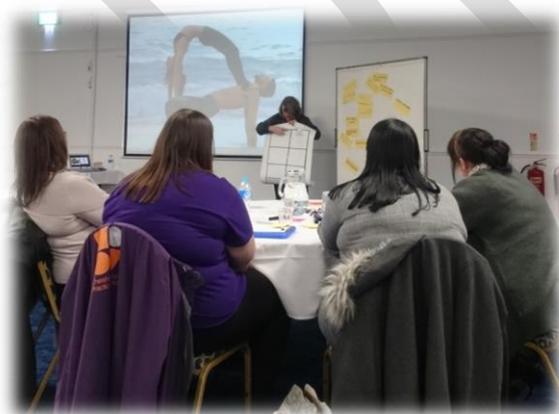
The discussions at the event were grouped into three key areas, which are displayed below along with the main points raised:

Discussion area	Key points
Autism services in Halton	<ul style="list-style-type: none"> <li>• Good support is available.</li> <li>• Attendees reported getting the support they need when they need it.</li> <li>• There are no problems with the services that are in place although people feel there could be more support/services on offer.</li> <li>• Some services don't have specialist knowledge or experience of autism.</li> <li>• There is no dedicated autism group in Halton – the nearest is Liverpool or Manchester.</li> </ul>

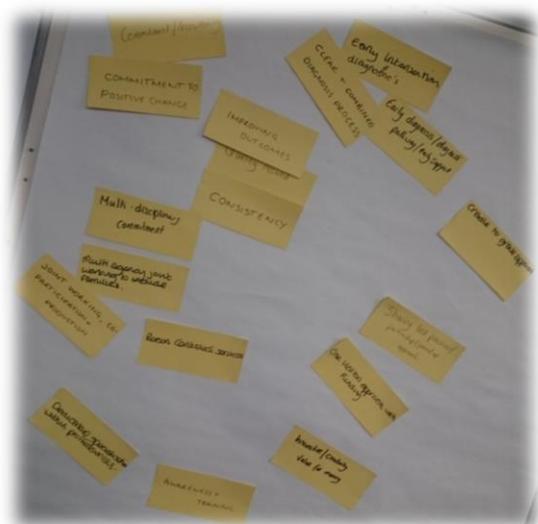
Discussion area	Key points
Relationships with people providing treatment and support	<ul style="list-style-type: none"> <li>• Good relationships are established with individual members of staff who provide extra help and support which is appreciated (e.g. ring people for you).</li> <li>• Getting out and about helps – builds confidence and stops people being introverted about their condition.</li> <li>• Changes in Social Worker can sometimes cause stress and strain.</li> </ul>
Experiences as a person diagnosed with autism	<ul style="list-style-type: none"> <li>• Local services, e.g. shops/pubs, don't need to know about your condition.</li> <li>• The general public don't realise some of the issues associated with autism, e.g. clumsiness, and therefore may not understand behaviour to be related to the condition.</li> <li>• One attendee reported a bad experience with door staff in a local pub being unfriendly to everyone – once he told them about his condition they were okay with him.</li> <li>• There is the need to see things through the eyes of a person with autism to understand what they are going through. When people realise there is something different about you they can either be friendly or ostracise you.</li> </ul>

**PROVIDER CONSULTATION EVENT HELD AT THE STADIUM ON 10<sup>TH</sup> JANUARY 2018**

The afternoon was facilitated by Helen Sanderson Associates and involved local providers of Autism services, including: Community Integrated Care (CiC), Cheshire Autism Practical Support (CHaPs), Halton Autistic Family Support (HAFS), Making Space and PossAbilities. There was also representation from HBC's Positive Behaviour Support Service (PBSS), Day Services, Disabled Children's Service and NHS Halton CCG's Children's Complex Needs Nurse.



The group identified **principles** that they felt should underpin this work.



**Principles**

- Commitment and Accountability for positive change;
- Multi-disciplinary working/joined-up working and sharing best practice;
- Person-centred services that focus on improving outcomes;
- Early Diagnosis pathway/early support;
- Awareness and training in Autism for all staff; and
- Quality – setting standards, innovative/creative value for money.



Discussions focussed on what is currently working well and what areas could be improved upon.

**What is working?**

Committed and professional services	Person-centred services – direct payments / personal budgets
Support for families, support groups	Person-centred planning
Accessible and flexible services	Variety of short break services and activities
Joint working / working together	Education – two schools are working
PBSS does work	Some commitment from services/providers

**What needs to be improved?**

Review pay for Personal Assistants	Process of diagnosis
Training	Funding services – pooling/multi-agency
Mental health	Child and Adolescent Mental Health Services (CAMHS)
Education still needs some improvement	If people or groups are good quality within an agency they can get broken up/moved on and the quality gets diluted but not replaced or passed on

Lack of specialist services – disparity in quality between and within agencies	Strategic/joint commissioning
PBSS needs more resources	Need more commitment to joint working
Attitudes and approaches – people not being listened to	Increased resources needed
Strive to become/develop more person-centred services	

It was stressed at the consultation event the importance of commitment and accountability for moving the Autism-agenda forward. The areas identified above have been translated into the Delivery Plan as actions that need to be improved. The Delivery Plan will be driven forward, monitored and implemented by an Autism “Board” which will be established as the first action on the Plan.

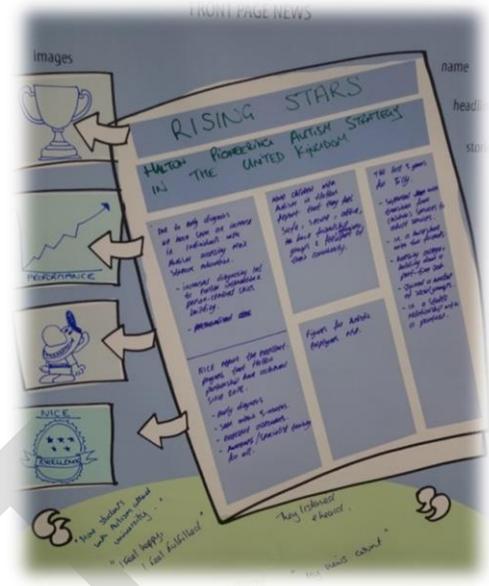
As a final exercise, providers identified what the newspapers could be reporting on in three years’ time, if everyone works together to make the improvements and stays fully committed to changing things for the better. Everyone in the room said they wanted to continue to support the Autism-agenda and work together on improving outcomes for people with Autism in Halton.

**What Good Looks Like – below you can see the groups with their newspaper front pages**



**Name:** Rising Stars

**Headline:** Halton pioneering Autism Strategy in the United Kingdom



**Stories:**

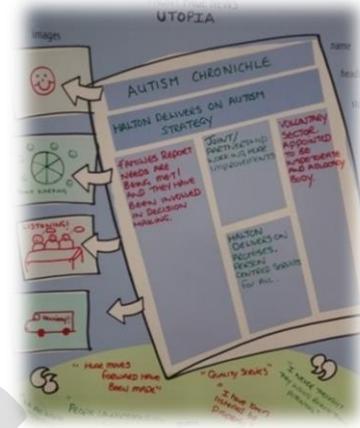
<p>Due to early diagnosis we have seen an increase in individuals with autism accessing mainstream education.</p>	<p>More children with autism in Halton report that they feel safe, secure and active and have friendship groups and feel genuinely part of their community.</p>	<p>The last three years for Billy:</p> <ul style="list-style-type: none"> <li>• Supported with transition from children’s services to adult services.</li> <li>• In a house with two friends.</li> <li>• Accessing college and holding down a part-time job.</li> <li>• Joined a number of social groups.</li> <li>• In a stable relationship with partner.</li> </ul>
<p>Increased diagnosis led to earlier intervention and person centred skills building.</p>	<p>Figures for autistic employees rise.</p>	
<p>NICE report the excellent progress that Halton partnership has achieved since 2018.</p>		

**Quotes:**

“More students with autism attend university”  
 “I feel fulfilled”  
 “They listened and heard”  
 “I feel happy”  
 “My views count”

**Name:** Autism Chronicle

**Headline:** Halton delivers on Autism Strategy



**Stories:**

Families report needs are being met and they have been involved in decision making.	Joint partnership working huge improvements. Halton delivers on promises – person-centred services for all.	Voluntary sector appointed to be inspectorate and advocacy body.
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**Quotes:**

“Huge moves forward have been made” “People understand me now” “Quality services”  
 “We all work together” “I have been listened to properly” “I never thought they would reach their potential”

**Name:** Halton News & Views

**Headline:** Halton Strategy hits success!



**Stories:**

Clear and consistent diagnosis pathways in place.	Joint funding available to provide appropriate services. Co-participating and co-production.	Improvements in person-centred planning.
Early support identified to improve outcomes and life opportunities.	People living the life they choose.	More training programmes in place for staff and professionals.

**Quotes:**

“Finally! We are listened to!” “I know what services I can access” “Diagnosis clear and guided”

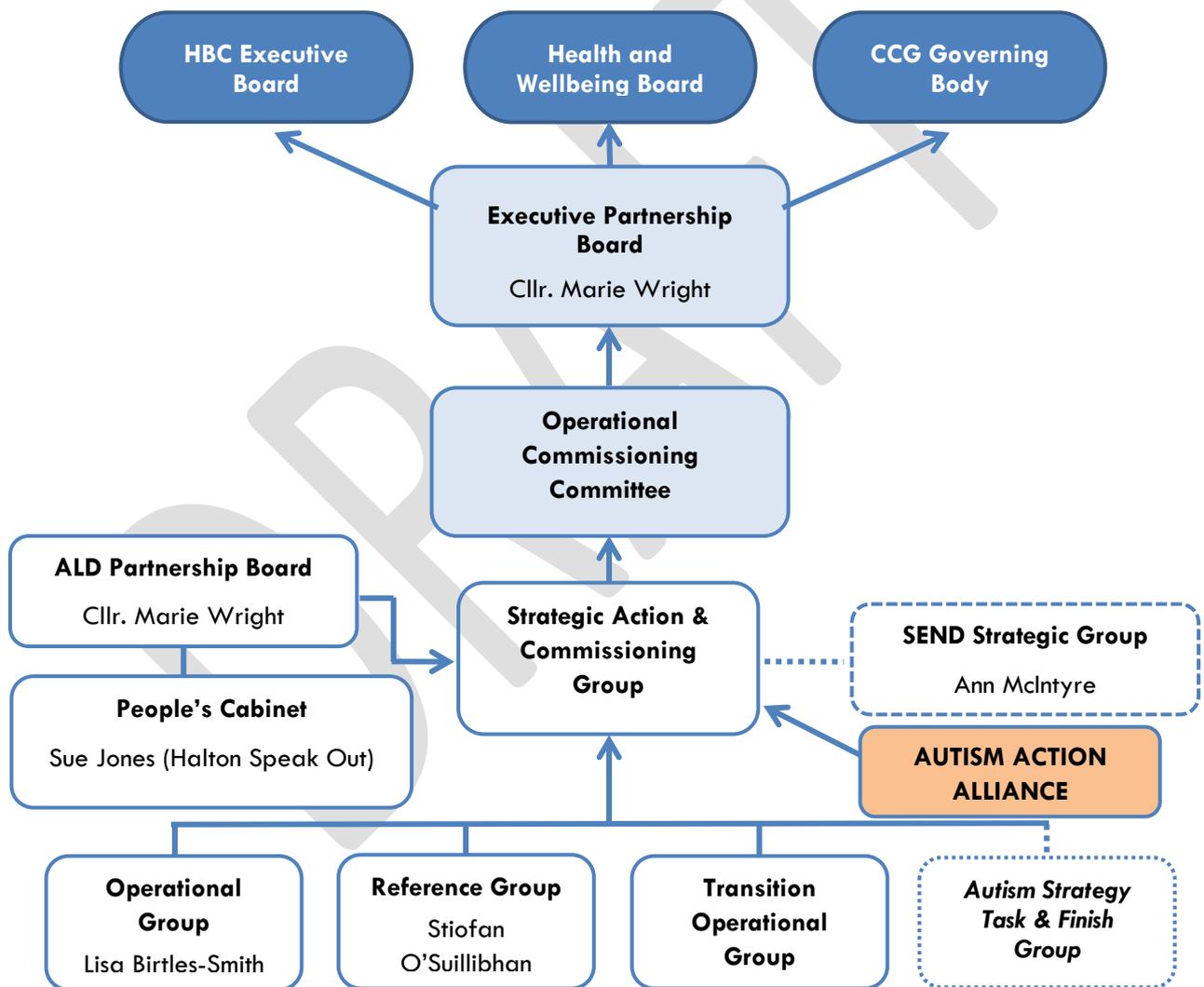
**2.0 Strategic Objectives**

Halton’s All-Age Autism Strategy provides a real opportunity for the needs of people with autism and their carers to be recognised and to ensure that they have the same opportunities as everyone else.

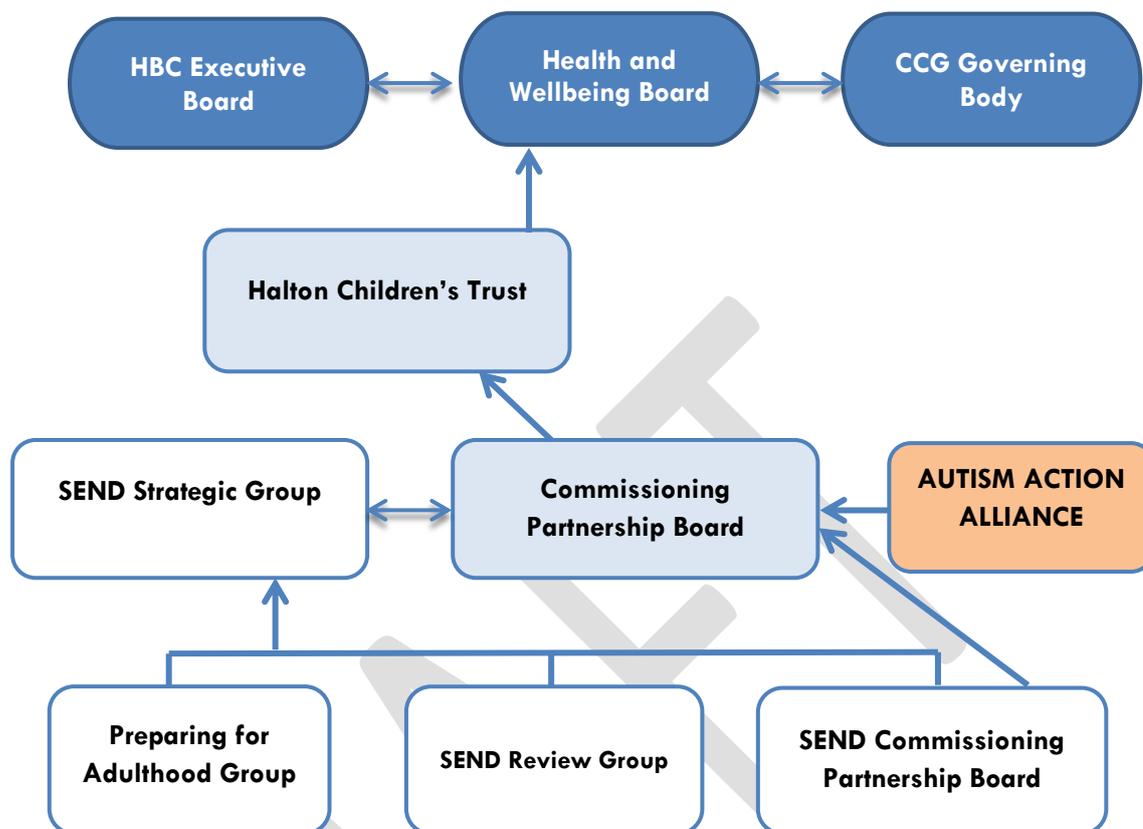
This strategy has been split into the strategic objectives based on the Department of Health’s (DH) statutory guidance *Think Autism*.

**2.1 Local Planning and Leadership**

**Governance Structure – Learning Disability Services for Adults**



Governance Structure – Children’s Services



2.1.1 Identification and diagnosis of autism

Guidance from the DH states that while Local Authorities will lead commissioning for care and support services for people with autism, CCGs are expected to take the lead responsibility for the commissioning of diagnostic services to identify people with autism, and work with Local Authorities to provide post-diagnostic support for people with autism (regardless of whether they have an accompanying learning disability, other hidden impairments or a co-occurring mental health problem).

**Adults**

For adults with an identified Learning Disability (LD), a diagnostic assessment for autism can be accessed within LD services. However, should people with an LD be able to access generic Autism Diagnostic Services, then, under the principles of the Green Light Toolkit for Mental Health (National Development Team for Inclusion, 2012, 2013) reasonable adjustments should be made to enable this access. Halton Community LD Team follow the NW Boroughs Healthcare NHS Foundation Trust diagnostic pathway for LD and autism.

Referrals are accepted via the HBC hub or directly into the team and can be made by GP’s, social workers, other professionals, carers or by self-referral. As part of the

referral process, a completed screening tool is required to ensure that the need for an assessment is clinically indicated and core areas of diagnostic presentation exist. The referral will then be discussed at the team meeting and, if appropriate, placed on the waiting list for an assessment. Within the team, assessments are completed using a range of tools including Autism Diagnostic Interview-Revised (ADI-R) and Autism Diagnostic Observation Schedule (ADOS) as recommended in the NICE guidance. As per NICE guidance on diagnosis, where possible a family member or carer is engaged to inform both current presentation and developmental history.

Following diagnosis, people with LD and autism receive multi-disciplinary support as required from the team. Clients accessing the LD service receive support based on clinical and presenting need, for those persons who receive a diagnosis the availability and access to the service will not change however, the diagnosis may provide additional information about need and provision of interventions.

For adults without a learning disability, autism diagnostic assessments can be accessed via the Adult Social Care (ASC) diagnostic service within NW Boroughs Healthcare NHS Foundation Trust. This service covers St Helens, Knowsley, Warrington and Halton boroughs and the assessments are funded by the CCGs. This service is currently based at Willis House, Whiston, L35 2YZ. Referrals can be made directly to the team and can be made by GP's, social workers, other professionals, carers or by self-referral. It is requested that an Autism-Spectrum Quotient – 10 items (AQ-10) screening self-assessment is completed with the referral and the team will then further explore suitability of an assessment. Within the team assessments are completed using a range of tools including Diagnostic Interview for Social and Communication Disorders (DISCO), ADI-R and ADOS. A report is then provided outlining the diagnostic decision and makes person centred recommendations. With the person's consent, this is shared with GP and relevant agencies. For those receiving a diagnosis of autism, the report outlines the statutory guidelines about assessment or reassessment of need and carers assessments that should follow a diagnosis of autism.

This is a diagnostic service only. Adults with autism who do not have a learning disability should access mainstream health services as and when they are needed. Mainstream services should make reasonable adjustments to support those accessing the service with autism. The Greenlight Toolkit outlines the reasonable adjustments that mainstream mental health services should implement to support people with autism.

### **Children**

For Children in Halton, the Diagnostic Pathway is set out in a chart, which can be seen at Appendix 4. Feedback from the consultation events stressed that this is an area that requires evaluation. This will be an action on the Delivery Plan.

## 2.2 Transition from childhood to adulthood

Transition to adulthood is a crucial stage in the lives of all young people, and a time when those with autism may face particular challenges. Good transition support for children and young people with autism can have a profound impact on their ability to reach their potential, through access to further learning or training, employment and independent living opportunities. Co-operation between the relevant authorities is crucial if the person is to fulfil their potential. Local Authorities children's and adult services, children's health services and social care all need to play a part. Under the Children and Families Act 2014 Local Authorities have duties towards children and young people with autism and their families. There are also requirements that Local Authorities must meet under the Care Act 2014 as young people make their transition from children's services into adult services.

Recognising the importance of effective transition for people with disabilities and/or complex needs (including those with autism), Halton established a dedicated Transition Team early in 2017 alongside the development of a new multi-agency Transition Protocol for the period 2017-2020.

This approach ensures that legislative obligations are met and the transition process is joined up across education, health and social care with increased and targeted co-ordination and communication from all agencies starting from Year 9 (age 13/14) up to the age of 25 years or until an individual's appropriate transfer into generic adult services.

Throughout the transition process, there is a person-centred and outcome-focused approach with young people and their families/carers being fully involved in decision-making. They are supported, through a strengths-based approach, to be aspirational and reach their full potential in relation to education/employment, living independently, participating in society and being as healthy as possible in adult life.

### 2.2.1 Planning

The planning process for Transition will start in Year 9 (age 13/14) and at this point the Transition Team will become involved in planning for the transition to adult services, for young people with an Education, Health and Care Plan (EHCP) and a diagnosis of Autism.

The process will ensure that a young person has a named social worker, when required up until year 14 (age 18/19), who will attend all review meetings that are called by the school and the young person, their parents and carers or chosen representative, the school teacher, SEND representative, relevant health professionals, careers advisors and a person-centred facilitator.

In advance of the year 9 review, school will support the young person to complete the **'My Transition Plan'** document, which will be discussed during the review meeting and added to and updated as appropriate afterwards. The Transition Social Worker will support school staff with this process. The purpose of My Transition Plan is to capture the young person's aims and aspirations for the future, the options that may be available to them as they move towards adulthood and the care and support they may require.

To assist with transition planning, young people and their families should be referred to the [Preparing for Adulthood section of Halton's Local Offer](#), which provides information, support and advice across education, health and social care covering ages 0-25 years. In addition, the [Care and Support for You Portal](#) provides information, advice and signposting with regards to adult social care services (age 18+).

My Transition Plan sits alongside the EHC Plan and the Health Action Plan, which is initiated by the school nurse at year 9, as necessary. Some young people may also have an 'All About Me' book, which is produced by schools from year 7 onwards (schools are responsible for maintaining this). Each of these documents will be considered within the review and updated by the relevant professional as appropriate following the meeting. The Transition Social Worker, supported by the relevant school, takes responsibility for the My Transition Plan. The SEND Service has responsibility for the EHC Plan. Health staff in attendance at the review will give consideration to whether the young person needs any therapeutic involvement or if any further referrals need to be made.

In years 10 to 14 it is focussed on firming up the options when leaving statutory education. There should be taster sessions offered from the educational setting that the young person is looking to attend post-16 and these will be explored and confirmed by the current setting.

If leaving school or college (year 11/14), the young person's final School Health Review (to incorporate the Health Action Plan) should be completed by the school nurse or paediatrician and a copy given to the young person/their family and shared with their GP (if consent given). It should also be made available to adult services to inform future health needs.

The Social Worker will work with the young person in a variety of settings, whichever one is the most comfortable for the young person and their family. Future planning outside of education will also be discussed, future accommodation, employment, friendship and social opportunities and how much support they will require to ensure this is an achievable goal.

### 2.2.2 Transition protocol

The Protocol applies to children and young people between the ages of 14 and 25 who have disabilities and/or complex needs, including the following distinct groups:

- Those who have an EHC Plan (or a Statement of Special Educational Needs (SEN));
- Those who are likely to meet the eligibility criteria for adult social care services (in line with the Care Act 2014);
- Those with Continuing Healthcare needs;
- Those with complex needs (e.g. behaviours that challenge services, learning disabilities, severe autism, acute or chronic medical conditions);
- Those who would benefit from support in planning for adult life but do not have an EHC Plan/SEN (e.g. those with high-functioning autism or social/emotional/mental health difficulties/ill health);
- Carers of young people preparing for adulthood and young carers who are themselves preparing for adulthood.

The Protocol provides professionals from across education, health and social care services who are involved in supporting young people through transition with information about what should happen and when, who has responsibility and how agencies should work together.

The transition timetable is outlined within the Protocol, which explains that Year 9 marks the start of the formal transition to adulthood process and it is at this point that the Transition Team will become involved in planning for the move to adult services. This is in line with the requirement under the Children & Families Act 2014 that every EHC Plan review from Year 9 onwards must have a focus on preparing for adulthood.

The Protocol also describes how, in line with the Care Act 2014, a transition assessment will be conducted for young people with care and support needs if they are likely to have needs when they reach age 18. Adult carers of young people preparing for adulthood and young carers who are themselves preparing for adulthood are also entitled to a transition assessment.

### 2.3 Training of staff who provide services to children and adults with autism

NICE guidance states that all health and social care practitioners involved in working with, assessing, caring for and treating people with autism should have sufficient and appropriate training and competencies to deliver the actions and interventions that are required. NICE also state the importance of people with autism being involved in the delivery of training to health, social care and education practitioners.

### 2.3.1 Autism Awareness

Through a contract we have with the LD Training Alliance a two-day autism awareness training course is offered. This is to increase basic awareness of how people with autism present and effective support strategies that can be utilised. This is suitable for carers, support staff or professionals who require a basic understanding of autism or professionals who have limited prior knowledge of autism. All staff within Adult Social Care have access to this course.

The British Psychological Society (BPS) have autism modules via e-learning. Levels 1 and 2 are free, level 3 has a cost. The link to the modules can be accessed here: <https://beta.bps.org.uk/psychologists/professional-development/find-cpd>

SEN Service provides whole school staff awareness to schools and settings as required. Elklan for Verbal ASC is offered on a yearly basis for up to 20 staff delivered over three full days. The offer also includes nurseries with Early Years training and visits by autism specialist teachers and portage to settings who have received training. Ashley school, through the teaching school alliance also offers regular training.

The SEN Service also provides on at least an annual basis the York Intervention for parents and carers of young people on the autism spectrum training. This is a nine week training course which aims to support parents develop an understanding of autism and provide them with strategies to help manage behaviours that challenge. Sibling training and support is also provided by the SEN Service through Halton Young Carers on a regular basis. We are also intending to set up training for children and young people with autism based on what parents have asked for from the York Intervention.

Commissioned services such as Chatter Bug Speech and Language Therapy Service provides training for parents in areas such as; use of visual supports and use of PECs (Picture Exchange Communication System).

Brookfields Special School provides NAS Early Bird training for parents and carers of young children. The aim provides guidance and strategies to support children and encourages confidence building in supporting interaction and communication skills. Brookfields Special School also provides parents and carers of children at the school with training around visual supports and use of PECs.

#### ***The Graduated Approach***

According to the SEND Code of Practice, schools and settings should support pupils with SEND including autism using an Assess, Plan, Do, Review process/approach.

The first step in supporting a child or young person with a diagnosis of autism is to ensure that high quality differentiated teaching targeted at the area of need is the first response to supporting a child with SEND including autism (SEND Code of

Practice, 2014 6.37). Within Halton, schools and settings should not delay in providing intervention and support for children with SEND, including autism and should deploy their own resources and provision targeted at the area of need in the first instance.

The Graduated Approach can be considered as a process where increasing levels of support are implemented, and referrals are made to advisory services as appropriate. Where schools and settings can evidence that they have followed the Graduated Approach and implemented the advice of external agencies, but the child has needs that are unmet, the next step in the Graduated Approach is to apply for support for Enhanced Provision.

Enhanced Provision allows schools and settings to supply evidence that a child or young person has needs that cannot be met within the school or setting's own resources. It also enables schools and settings to use funding flexibly for the benefit of the child or young person. Enhanced Provision is top up funding provided by the Local Authority to help meet the needs of the child or young person. This provision can take the form of training, equipment, specialist resources or additional adult support and it is the school or setting's responsibility to demonstrate this need and the rationale for this intervention and support. Enhanced Provision is time limited and will remain in place for one year.

#### **2.4 Education, health and care plans**

The DH Guidance states that the Children and Families Act 2014<sup>5</sup> provides for a new SEND support system, covering education, health and social care. A key change within the Act is that it replaces SEND statements and Learning Difficulty Assessments (LDAs) with more co-ordinated EHC plans for children and young people aged 0 – 25 with the most complex needs. This brings parity of rights for those at school and at college. There is also continuity of support beyond 18 + up to 25 for a young person if they need it to achieve their desired education and training outcomes and to help prepare them for adulthood. EHC plans provide a much greater focus on long-term outcomes.

Not every child or young person with a diagnosis of autism will require an EHC Plan. All schools and settings are expected to follow the graduated approach as outlined above. Schools and settings are required to follow a process of assess, plan, do, review in response to any emerging SEND need including autism. Many children and young people with a diagnosis have their needs met at SEN support level within schools and do not require support beyond this. A minority of children and young people within Halton may require the support of an EHC Plan.

<sup>5</sup> <http://www.legislation.gov.uk/ukpga/2014/6/contents/enacted>

#### 2.4.1 New school provision for children with autism

In Halton, we have a range of provision for children with a diagnosis of autism. Our aim is that many children and young people can have their needs met within their local mainstream schools so that they can access education within their own communities. In order to support schools to meet the needs of children and young people with autism, we offer a range of support and services including:

- Education Psychology Consultation;
- Specialist Teacher and advisor involvement;
- Outreach support from specialist settings;
- Speech and Language Therapy Service; and
- Training and support for schools and settings who support children and young people with autism.

Some children and young people with autism have needs that are exceptional and cannot be met within mainstream school. In order to support children who have needs that are beyond what a mainstream school can provide, there is a range of provision available including resource based and specialist provision.

In order to access this provision, children and young people's needs are assessed on an individual basis following an application for an EHC assessment.

##### **Resource bases**

Simms Cross School and The Grange School have resource base provision to meet the needs of children in Key Stage 1 and 2. Each base is staffed by a teacher and two teaching assistants. There is provision for 14 children with a diagnosis of autism to attend the bases. The resource bases have highly skilled and specialist staff who are able to support the needs of children with autism. The concept of the resource base enables children to continue to access some mainstream school experience and to learn alongside typically developing children whilst providing individualised, specialist support to meet the needs of the child. Historically, children were placed in the base following a request for Enhanced Provision. From September 2017, children admitted to the base will typically be allocated a place following an EHC assessment.

St Peter and Paul School and The Grange School have resource base provision for children with a diagnosis of autism in Key Stage 3 and 4. Each base has provision for seven children and are staffed with at least three members of staff. Staff within the resource base have received additional training in autism such as the three day Canterbury and Christchurch University course in 'Understanding autism in school – Certificate in Autism'.

### Special School Provision

Halton has a range of special school provision designed to meet the needs of pupils with SEN including autism. Places to special schools are allocated through an EHC Plan assessment. Each one of Halton's special schools provides a carefully tailored curriculum designed to meet the needs of children with SEN.

Brookfields Special School is a National Autistic Society (NAS) accredited community school which provides education for primary aged children with severe and complex learning difficulties and autism. Outreach support for mainstream primary schools is also provided through Brookfields.

Chesnut Lodge Special School is a community special school providing education that caters for children with complex physical and medical needs between the ages of 2 and 16.

Ashley High School is an NAS accredited secondary provision for pupils with a diagnosis of autism or social communication difficulty. Pupils placed in Ashley High School are high functioning pupils who receive a similar curriculum to mainstream peers but due to their vulnerability require a smaller setting with specialist staff.

Cavendish High Academy is for secondary aged pupils between the ages of 11-19 with severe and complex learning difficulties, profound and multiple learning difficulties including those with autism.

For more information on any of Halton's schools, please see the Local Offer which provides more information on each of the schools and the support they offer: <https://localoffer.haltonchildrenstrust.co.uk/schools/>

### 2.5 Transition to adult health services

Under the Children and Families Act 2014, CCGs must co-operate with local authorities to jointly commission services that will help meet the outcomes in EHC plans. This should include supporting the transition between children and adult services.

The Halton Community LD Team sits within North West Boroughs Healthcare NHS Foundation Trust. The Halton Community LD Team is a multidisciplinary service that supports adults with a primary diagnosis of a learning disability who have difficulties accessing mainstream services *because of their learning disability*. If a person is not previously known to the team, first and foremost, information will be required as to the presence of a learning disability. This may be gathered via: a clinical interview with the person and/or their carers, a review of previous educational statements of SEN or professional health reports. Some people may require more in depth assessment to identify if they have a learning disability.

The Halton Community LD Team comprises: speech and language therapists, occupational therapists, physiotherapists, clinical psychologists, therapy assistants and a consultant psychiatrist. There is also a community matron for learning disabilities who sits within Bridgewater Community Healthcare NHS Foundation Trust and a team of LD nurses who sit within HBC.

Users of services receiving clinical support from learning disability services will have a learning disability and an unmet health need. People with a LD may also have a diagnosis of autism or require an assessment for autism. Users accessing these services receive support based on clinical and presenting need.

The team has good links with HBC's Social Services Transition Team and have provided guidance on indicators a person may meet criteria for having a LD, and therefore may require support from the specialist LD team. The team also meets regularly with health services in Woodview Child Development Centre to improve the identification of individuals requiring intensive support around transitioning from children's to adults services within specialist learning disabilities service input. Professionals from the team may attend ECH Plan meetings, where invited, for clients who are currently accessing the service.

For adults with autism who do not have a learning disability, health services would be accessed from mainstream teams. Mainstream services should make reasonable adjustments to support those people with autism accessing their service.

## 2.6 Preventative support and safeguarding

The Care Act 2014<sup>6</sup> places a duty on local authorities to provide or arrange preventative services for people within their communities. LAs should ensure they are considering the needs of their local child, young person and adult population who have autism, including those who do not meet the eligibility threshold for care and support.

<sup>6</sup> <https://www.legislation.gov.uk/ukpga/2014/23/contents>

### 2.6.1 Access to information and signposting

DH guidance states that it is important that all people with autism, whatever their level of need, can easily access information in their local area about what support from peers, charities and other community groups is available.

In Halton we have our [Local Offer](#) website, which is an online resource available to everyone, in particular:

- Children and young people with SEN and/or Disabilities (SEND) from birth to 25 years;
- Parents/carers and families; and
- Practitioners and professionals.

By working closely with children, young people, parents, carers and professionals we have used their ideas and feedback to change the layout, content and information available on the Local Offer to ensure it is user-friendly, in an accessible format and easy to understand. The main 'home' page is set out in themed topic sections and from there information can be easily found in itemised drop-down boxes.

**Halton SEND Partnership information advice and support service** (SENDIASS) is Halton's statutory information advice and support service. The service delivers FREE and confidential independent, impartial advice, guidance and support to children, young people (0-25 years) and their families around SEN and/or disabilities, SEND. Access to support from Halton SEND Partnership is not dependant on a formal diagnosis of needs; the service covers initial concerns or identification of potential SEN or disabilities, through to ongoing support and provision.

Chapter 2 of the SEND Code sets out in detail the duties that rest on local authorities to ensure that information, advice and support is available to children and young people with SEN and disabilities, and their parents. The Code describes how such services should be provided (2.4), the principles that should be taken into account (2.8), who information, advice and support should be available to (2.9 – 2.16), and what services should be provided (2.17 – 2.23).

Effective information, advice and support will result in service users being able to navigate SEND processes (including education, health and social care), participate in decision making, and, where necessary, challenge service providers to ensure that the needs of children and young people with SEN and disabilities are identified, assessed, provided for and reviewed in accordance with the Children and Families Act 2014 and the SEND Code.

## 2.7 Reasonable Adjustments and Equality

DH guidance for Adults states that for many people with autism, mainstream public services can be hard to access. People with autism can have a number of sensory differences affecting all five senses that can impact on their lives in a number of ways including communication, socialising and living independently. All public sector organisations, including employers and providers of services are required to make reasonable adjustments to services with the aim of ensuring they are accessible to disabled people, including people with autism. People with autism have a right to access mainstream services just like anyone else.

For adults with autism who do not have a learning disability, health services would be accessed from mainstream teams. Mainstream services should make reasonable adjustments to support those people with autism accessing their service.

Adults with autism accessing health services should also have a hospital passport so that their personal information and preferences are clear to all staff.

## 2.8 Supporting people with complex needs

DH guidance for Adults states that people with autism who also have mental health conditions or behaviours viewed as challenging are entitled to get good quality safe care, whether at home, living in the community or in hospital. People should be assessed, treated and cared for in the community wherever possible. People should live in their own homes with support to live independently if that is the right model of care for them.

Local Government Association (LGA) and NHS England make some key recommendations for services for children, young people, adults and older people with learning disabilities and/or autism who display or are at risk of displaying behaviour that challenges. The guidance was produced in response to Action 19 of Transforming Care: A national response to Winterbourne View Hospital; and reaffirms a model of care which is known to represent best practice. NHS England has also produced further guidance on models of care for intensive support services for people with learning disabilities and/or Autism.

Core principles that should be in place across all education, health and social care services accessed by all children and adults with a learning disability and/or Autism who may engage in behaviour that challenges include:

- Improved life quality;
- Reduction in prevalence and incidence of behaviours;
- Reduction in the number of people placed in restrictive placements e.g. Assessment and Treatment Unit (ATU), residential school etc.; and
- Reduction in the inappropriate use of medication, restraint and seclusion as behavioural intervention.

With reference to challenging behaviour several best practice recommendation are made:

- 1) Behaviour Support is based on an holistic assessment (incorporating Functional Assessment) of the context in which the behaviours occurs;
- 2) There is a written individual support plan;
- 3) The behaviour support plan includes: a description of behaviour that challenges; a summary of the reasons for this behaviour; proactive strategies and reactive strategies;
- 4) Monitoring and review arrangements; and
- 5) Implementation arrangements.

The PBSS provides such services. Individuals referred to the service are given a full Functional Assessment of behaviour, carried out by a Board Certified Behaviour Analyst (BCBA). From this a person centred intervention and Positive Behaviour Support plan is developed. Support is then provided by the service to implement the plan and monitor its effectiveness and progress. Once an individual has reached their behavioural objectives, which will include both challenging behaviour reduction targets and also improved quality of life indicators e.g. increase community access, then discharge processes will commence. Individuals are provided with a detailed exit and maintenance plan with a view to preventing procedural drift and a re-emergence of behaviours that challenge.

PBSS pick up referrals for those individuals with the most complex behavioural needs. A high number of individuals referred to PBSS have a diagnosis of Autism. Referrals are triaged in adult service by the Adult LD Nurse Team. Part of their role is to screen out any underlying health issues impacting upon the individuals' behaviour before progressing additional assessments/sign posting to specialist services e.g. PBSS. Individuals with Autism and a LD who engage in lower level behaviours are supported in adult services by the LD Nurse Team who also utilise a functional assessment approach. Service users may also access support by Speech and Language Therapist (SALT), Psychology or Occupational Therapist (OT) as part of a Multi-Disciplinary Team (MDT) approach to challenging behaviour. In children's services behavioural support for lower intensity behaviours is offered by Woodview children's services or CAMHS where there is a mental health issue also.

PBSS also provide training to other mainstream services in Positive Behaviour Support. Training is offered with a view to skilling up services e.g. adult short break, to be better equipped to support people who can engage in behaviour that challenges services.

LGA and NHS England also recommend that an Active Support model of care is provided. Active Support is an evidence based approach to supporting increased

meaningful activity. Halton has taken a strategic effort to utilise Active Support as a model of care across adult services e.g. all day service staff and supported housing staff have been given training in Active Support and adopt this model of care. PBSS also support Active Support training with independent service providers supporting individual's referred to the service.

For individuals sectioned under the Mental Health Act the Care and Treatment Review (CTR) protocol is followed. CTRs were developed as part of NHS England's commitment to improving the care of people with learning disabilities, autism or both in England with the aim of reducing admissions and unnecessarily lengthy stays in hospital and reducing health inequalities. CTRs are focussed on children, young people and adults who have learning disabilities, autism or both **and** who either have been or may be about to be admitted to a specialist mental health / learning disability hospital either in the NHS or in the independent sector. The aim of the CTR is to bring a person-centred and individualised approach to ensuring that the care and treatment and differing support needs of the person and their families are met, and that barriers to progress are challenged and overcome.

Behaviour others may find challenging lessens with the right support and individuals benefit from personalised care and living in the community. It is important that those who support people with complex needs, whose behaviour may challenge or who may lack capacity should have a good understanding of supported decision-making, understand the principle that people would not be treated as lacking capacity simply because they make an unwise decision; should consider their wishes and feelings, and all health and social care organisations need to understand the principle of least restrictive care, identifying a range of interventions and seeking the least restrictive ones for people with autism.

For adults with autism and a LD who require admission to a mental health hospital setting, Byron Ward is based at Hollins Park Hospital in Warrington. This is within North West Boroughs Healthcare NHS Foundation trust.

### **Dynamic Support Database**

The development of a Risk Register was referenced in the National Care & Treatment Review (CTR) protocol document to ensure there was support available to those individuals who may be at risk of admission to a Mental Health Inpatient unit. Across Cheshire & Merseyside the term 'Dynamic Support Database' is used rather than Risk Register. There is an agreed Standard Operating Framework, outlining agreed standards to be adhered to across the Cheshire & Merseyside Transforming Care Partnership<sup>7</sup> footprint for the development and maintenance of Dynamic Support Database for adults (i.e. who are aged 18 years or over) with a diagnosed LD, who may also have an Autistic Spectrum Condition, who are registered with a GP within

<sup>7</sup> <http://www.cwp.nhs.uk/about-us/our-campaigns/transforming-care/>

respective CCG areas, and who are currently clinically managed through the direct involvement of a local Specialist Community LD Team.

This is the web link for the accessible standard: <https://www.england.nhs.uk/wp-content/uploads/2017/10/accessible-info-standard-overview-2017-18.pdf>

## 2.9 Working with the Criminal Justice System

Under the Care Act 2014 (from April 2015) LAs must assess the care and support needs of adults (including those with Autism) who may have such needs in prisons or other forms of detention in their local areas, and meet those needs which are eligible; and work with prisons and other LAs to ensure that individuals in custody with care and support needs have continuity of care when moving to another custodial setting or where they are being released from prison and back into the community.

A needs assessment document produced by the Centre for Public Health at Liverpool John Moores University in Jan 2016<sup>8</sup> suggest that the prevalence of ASD in CJS is higher than the prevalence of ASD in the general population however this conclusion is modified by the poor methodologies and biased samples used in the studies which formed part of Murphy and King's review (2014). Similarly the prevalence of offending in ASD populations are also difficult to interpret but suggest that adults with ASD commit the same or fewer offences than those in non-ASD populations.

The Youth Justice system differs from the adult system in that there is a statutory requirement to consider the welfare and wellbeing of the child, aged 10-17, as well as the need for public protection in any actions taken by the Police and Courts.

The 1998 Crime and Disorder Act requires the Chief Executive of the LA to ensure there is a multi-agency partnership in place including the Police, Probation, Health, Education and LA as well as other relevant partners. In Halton this is delivered in a wider partnership with Warrington, Cheshire West and Chester and Cheshire East councils who have formed Youth Justice Services to deal with children in contact with the Youth Justice system.

All children referred to the Youth Justice Service (YJS) in Halton have come to the attention of the Police and when circumstances of the child and or incident allows, the presumption is not to prosecute or utilise the formal Criminal courts system but to effect an appropriate out of Court disposal which generally means no impact in terms of a criminal record.

The primary model for Out-of-Court disposals is via the award winning (Howard league for Penal reform 2017) Divert programme which seeks to identify relevant

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<sup>8</sup> "Learning Disabilities and Autism: a health needs assessment for children and adults in Cheshire and Merseyside"

issues within the child's experiences and address them without recourse to the formal court system wherever possible.

All children referred to the YJS whether via formal Court outcomes or by way of Out-of-Court disposal are assessed utilising a nationally credited assessment tool- AsetPlus - which includes issues of general and mental health. The Youth Justice Service refers those children with identified or suspected needs related to autism to the general service provision within Halton. YJS staff receive regular training to ensure they are up to date with a wide range of issues affecting children in the contact with the Police.

Children detained by the Police prior to charge or Court appearance will be the responsibility of the Police during this period, but where detention is not required will be transferred to the LA for appropriate placement.

Children who receive a custodial outcome, whether sentenced or awaiting Court decisions, will receive a full health assessment and access to relevant services via the Institution in which they are placed, which can be anywhere in England or Wales as commissioned by the Youth Justice Board. The majority of children from Halton placed in a custodial setting will find themselves in Wetherby Young Offender Institution in Yorkshire. The YJS will retain case responsibility and will liaise with the child, family and home based services for the duration of the sentence in custody and upon release.

The wider YJS which covers the Cheshire Policing footprint and the four LA areas has access to specific speech and language services but these are currently unavailable in Halton.

At the age of 18, children transition to the adult criminal justice system and are expected to be transferred to the national Probation service for the remainder of any formal Court order.

The short **case study** below illustrates how the YJS Diversionary approach works in practice.

- 12 year old child arrested for six offences of criminal damage and one offence of assaulting a police officer.
- From the Police interview, it was clear that the child's level of difficulties were such that he struggled to comprehend the consequences of his



actions i.e. recognise them as criminal acts.

- The case was referred to the Youth Justice award winning Divert scheme by police.
- The YJS triaged the referral and noted the child was known to children's services. YJS completed an assessment and liaison which included screening for SEN and disabilities through co-located CAMHS and Education specialists in YJS.
- YJS worked closely with the LA to advocate and help broker specialist education provision in Southport to support the child's identified needs.
- YJS contacted victims of offences who were happy for the matters to be dealt with by way of an out of court disposal.
- YJS and Police followed Legal Aid, Sentencing and Punishment of Offenders (LASPO) Act<sup>9</sup> guidance around joint decision-making for out of court disposals and made recommendation for the offences to be dealt with by way of an informal sanction called 'community resolution'.
- Outcome – the child was successfully diverted away from the formal criminal justice system and into appropriate support and intervention that would meet his needs, reduce risk of repeat offending and avoid harming his future life prospects with a formally recorded police caution or conviction.

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<sup>9</sup> <http://www.legislation.gov.uk/ukpga/2012/10/contents/enacted>

QUESTION	PUPIL RESPONSES
<p>As an Autistic young person, what do you think is working for you in terms of your Autism?</p>	<ul style="list-style-type: none"> <li>• The school is autistic friendly and they are not like other schools</li> <li>• Small classes</li> <li>• Support</li> <li>• Having free time as a reward</li> <li>• No changes</li> <li>• My cards (visuals)</li> <li>• Stress relievers like sports, video games and music</li> <li>• Rewards for full credits in lessons</li> <li>• People understanding that I think differently to other people</li> <li>• Playing sports</li> <li>• Good/kind teachers</li> <li>• The help I am getting</li> <li>• Having fun in school, fun lessons</li> <li>• Science</li> <li>• Drawing</li> <li>• Being more mature</li> <li>• A mum that understands me</li> <li>• Money from government</li> <li>• My own room</li> </ul>
<p>What would make life easier for you at school?</p>	<ul style="list-style-type: none"> <li>• No loud noises, it hurts some people’s ears</li> <li>• Not too much pressure on me to do my work</li> <li>• People accepting I am hyper sometimes</li> <li>• Having opportunities to calm down</li> <li>• Easy homework</li> <li>• Having special colours and drawing time</li> <li>• Time to think</li> <li>• Listening to my problems</li> <li>• To have a good morning at home so I take my good mood to school</li> </ul>
<p>What would make life easier for you at home?</p>	<ul style="list-style-type: none"> <li>• If I had more friends my age</li> <li>• When I bounce on my trampoline</li> <li>• Being allowed to go on my Xbox in the week</li> <li>• Not too much work</li> <li>• Building stuff on Minecraft</li> <li>• Letting me watch ‘I’m a Celebrity’ at the start and the end</li> <li>• No arguing, not talking at the wrong time</li> <li>• More mum and dad time</li> <li>• If we talked it out</li> <li>• Hit cushions</li> <li>• Personal space, relax time, a prize if I’m good on a Friday</li> <li>• To have a good day at school so I have a positive attitude at home</li> </ul>
<p>QUESTION</p>	

	<b>PUPIL RESPONSES</b>
What does a good day look like for you?	<ul style="list-style-type: none"> <li>• When I try to make the school better by being a Fire Marshall</li> <li>• Stress free and freedom of choice to do what I want, privacy</li> <li>• Reading, enjoyable lessons</li> <li>• When I don't get wound up by others</li> <li>• Getting full credits in lessons</li> <li>• Nice relaxed lessons with free time and Xbox at home</li> <li>• If my brain doesn't feel hard</li> <li>• More school drawing, looking at online images to draw</li> <li>• Getting no warnings</li> <li>• When I'm happy</li> <li>• Having fun, being with my parents, no one picking on me</li> <li>• Every day at school</li> <li>• Relaxing all day</li> <li>• Having a good morning at home so I enjoy myself at school</li> </ul>
What does a bad day look like for you?	<ul style="list-style-type: none"> <li>• When I get stressed out for certain reasons, when people annoy me I get angry</li> <li>• Friendships being broken</li> <li>• Two or more home-works a day</li> <li>• Being spoken to when I don't want to talk</li> <li>• When someone calls me a bad name (I would tell the teacher)</li> <li>• Change of timetable</li> <li>• Double lessons</li> <li>• When I get tired and mithered to death</li> <li>• Hard work, hard homework</li> <li>• Wednesday because of Science</li> <li>• Getting told off at school and at home</li> <li>• If I could not go to school</li> <li>• Getting told off because of my actions</li> <li>• When I'm unhappy</li> <li>• Being picked on, called names etc</li> <li>• People not letting me play football with them</li> <li>• Running out of sweets</li> <li>• When I get in trouble at home so I don't enjoy my day at school</li> </ul>
Any other comments (continue over the page if necessary)	<ul style="list-style-type: none"> <li>• I would like to go to other schools and make them aware of what Autism is and what the difficulties are</li> <li>• I would like a Halton Autistic football team</li> <li>• More DT as I think it is good to learn more about making stuff</li> <li>• Less pupils who are being annoying</li> <li>• Primary was 'hell' but I'm out of it</li> </ul>

Thursday 9<sup>th</sup> November, 3.30pm-4.30pm at Ashley High School

Attended: RB Teacher Simms Cross, RB lead and SENCO, Simms Cross, RB Lead, St Peter and Paul's, Head teacher, Chesnut Lodge, DHT, Ashley, Assistant Head teacher, Ashley, Head of 6<sup>th</sup> Form and Autism Lead, Ashley, Infant base, The Grange, KS3 Base, The Grange, Practice Manager, Disabled Children's Service, Specialist Teacher.

- Welcome and introductions
- Overview/ aim of the strategy  
We discussed briefly the aims and overview of the strategy and purpose behind it. Ami stressed the need to include and get the schools involved as key partners in the process.  
Ami thanked schools for sharing the questionnaire. We had a large response particularly from Brookfields.
- Parental and child/ young person feedback  
We discussed the highlights from the feedback as shown on the next page. We also discussed the following training needs and support for parents:
  - York training is well established and attended but it is a lengthy course and not all parents can engage with this
  - Short courses that we could offer to all parents as a network of schools
  - Specific courses for parents e.g. sex and relationships, social media and internet use
  - Mental health and emotional wellbeing to support
- Further opportunities to gather pupil voice and consultation
  - Helping and supporting children to understand autism
  - Perhaps a video of children exploring what autism is and what it means which could be included on the local offer
  - Whether each school could appoint their own 'autism ambassadors' within the school to participate and work with schools and the community around understanding autism
  - Schools have agreed to have a discussion with pupils and share any further feedback.
- Inclusion of schools as stakeholders in the strategy

Schools welcomed the opportunity to network and wanted to continue to be involved in the strategy and any further opportunity to contribute.

- Any other business

Schools found the meeting helpful and have requested to meet again. The next meeting will take place on **Thursday 11<sup>th</sup> January at 3.45pm at Simms Cross, Widnes.**

The agenda will cover:

Emotional health and wellbeing for children with autism.

Schools will bring along and share resources and ideas they have developed to address emerging difficulties.

Ami to contact CAMHS and EP Service to see if there is any representation possible at this meeting.

## Key themes from the feedback

### Number of completed surveys received – 76

30 received via Ami McNamee, the rest through the post

Adult with autism	19
Carer of an adult with autism	12
Child with autism	5
Parent/carers of a child with autism	38
Blank	2
Total	76

Autism	50
Asperger's	11
Blank	15
Total	76

### Type of school

Mainstream	5
Special	39
Resource base	1
Blank	1
Total	46

### Key themes emerging:

- Lack of post-diagnostic support
- Praise for some services

### What schools and colleges can do better:

- Make mainstream schools more autism friendly
- Holiday periods particularly over 6 weeks can be difficult for parents
- Better links between health/ services and schools including services going into school
- Communication- parents can sometimes feel as though they are not fully included in school life
- Transport can be problematic for some children
- Some comments regarding change being too frequent

### What else needs to change:

- More opportunity for social groups and activities
- Parents and CYP not always aware of service that are available to them
- Some concerns over transition to other services
- Consistency of staffing

## SUMMARY OF SIMMS CROSS RESOURCE BASE QUESTIONNAIRE TO PARENTS

## APPENDIX 3

13 questionnaires sent out, 10 returned.

	How does your child feel about school?
Enjoys/ happy	////////
Bad/a little bit good	/

Questions Asked	What are the challenges your child faces?		Any concerns regarding the support?		What is working well?		Any further support RB could offer?	
Responses	Handwriting	///	None	////////	Everything	//	None	////////
	Completing work	///	Changes in Base	//	1:1 Reading activities in RB	//	Continue Coffee Mornings	///
	Reading	//			1:1 writing activities In RB	/	Continue to inform parents	/
	Keeping his own behaviour under control	/			Staff's approach and knowledge of child	// // //	Explain things in more details to parents with EAL.	/
	Homework	//			Daily Routine	/		
	Waking up	/			Incentives	// /		
	Hard work	/			Able to return to Base	//		
	Socialising/ Boundaries	//			Peer Massage	/		
	Anxiety	/			Golden Time	/		
	Independence	//						
	None	/						

### Additional comments from parents

"Just to say thank you for all the help and understanding to date", "The Resource Base staff are amazing", "Brilliant education setting, I'm forever grateful".

"Thank you to all staff", "I don't think there is anything else the staff can do, you all do an amazing job".

"Thank you".

## CHILDREN'S SERVICES DIAGNOSTIC PATHWAY

## APPENDIX 4

Referrals requiring multiple health services to a single point, one referral form.

Referral not indicating that universal support has been offered/taken-up.

### Signposting to other sources of support

Some referrals may need to be signposted to universal early support such as Children's Centres /Health Visitor/School behaviour support/School Nurse support. Family to employ behaviour support strategies in school/at home. If universal provision implemented does not resolve the issue then Child can be referred back to specialist service. Some may need to be referred to Tier 2/3 CAMHS support if outside expertise of this group.

Weekly Triage by small group 2-3 of below:  
Advanced Nurse Practitioner (ANP), Child Paediatrician, Speech & Language Therapist, Occupational Therapist, Physio, Portage, Educational Psychologist, CAMHS, Orthoptist.

Assessment commences (18 weeks RTT with appropriate combination of:  
AHP assessments  
ANP / Community Paediatrics assessment  
History, Observation in Nursery / School  
Parental/School questionnaires  
Early years / Portage information (if involved)  
CAMHS information (if known to service)  
Ed Psychology, Specialist Teacher (if known to service)  
Some assessments may be jointly conducted e.g. SLT + ANP, OT/PT, Additional Needs Nurse / Community Paediatrics.  
Initial advice will be given to parents by assessors about managing presenting situation.

Multi professional panel meets to discuss assessment findings, by week 20 at latest. Group reviews all assessment findings and information provided by others and develop support plan (regardless of diagnosis)

#### **Decision made:**

1. If any further assessments are needed by ANP / Medical Staff
2. If ADOS needed
3. If other medical tests needed

#### **Next actions:**

- a. Support plan prepared for feedback
- b. Complete any further assessments identified
- c. Joint written report developed
- d. Agree which professionals to feedback to family
- e. Agree source of emotional support for family e.g. HV, SN, family member, Portage, Specialist Teacher, School.

### CYP & Family Feedback Meeting

Meet with CYP & / or Family. Emphasis on 'support' not diagnosis Feedback

- a. Assessment findings
- b. Support plan
- c. Diagnosis if appropriate
- d. Next steps - ongoing with some services, discharge from other services.

Referral accepted for Specialist Health Assessments. Group agree which professionals are to commence assessments and which may be later. For medical assessment a child may be assessed by ANP/C Paediatrician (clinical decision by panel). Where required, Admin/Assistant send leaflet/questionnaires to parents and schools, to obtain views of child in a range of settings. Recommendation from Panel may be for some families to commence behaviour support via W Stratton/other courses as well as or instead of assessment.

### Support does not require medication / medical oversight

Continue the support with AHPs, Specialist Nurses/School /CAMHS/Education Psychology if involved. Discharge from Community Paediatrics back to GP.

### Support requires medication / medical oversight

Continue the support with AHPs, Specialist Nurses / School / CAMHS/Education Psychology if involved. Community Paediatrics manages medication (or shared care arranged with GP) and overview of medical needs with support from ANP.