PAPER NO. 19-52

WANDSWORTH BOROUGH COUNCIL

EDUCATION AND CHILDREN'S SERVICES
OVERVIEW & SCRUTINY COMMITTEE – 7TH FEBRUARY 2019

EXECUTIVE – 11TH FEBRUARY 2019

Report by the Director of Children's Services on a proposal to consult on the creation of an enhanced single Autistic Spectrum Disorder (ASD) Advisory Service

SUMMARY

A report (Paper No. 18-44) was made to the Education and Children's Services Overview and Scrutiny Committee and Executive on 8th February 2018 on the outcome of the review of educational provision for children and young people with Special Educational Needs and Disabilities (SEND). The report outlined the growth in numbers and complexity of needs of children and young people with SEND.

Following regional trends, the numbers of young people being diagnosed with Autism Spectrum Disorder (ASD) has increased significantly in the last five years, and the Borough is moving from diagnosis levels of 1:100 to below 1:50. This has had a significant impact on demand for assessments, intervention services and specialist placements.

A review of the ASD Pathway has been undertaken involving consultation with parents and families along with professionals involved in the Pathway. This paper outlines the feedback received from parents and professionals and presents options for changes to the existing structure to create a single Autism Advisory Service.

This report seeks agreement to begin a formal consultation on the re-structuring of the ASD Advisory Services to create a single service which would enable the Pathway to be more streamlined and provide more effective support/intervention for children/families, and to reduce potential demand for high cost school placements. The outcome of this consultation will be brought back to this committee in the June 2019 committee cycle.

The Director of Resources comments that a revised service would likely be fully implemented by Spring 2020. An interim team, funded from existing budgets and utilising existing staff, will be established to ensure no break in service until then. Any resulting redundancy costs will be quantified once more detail of the future service and its staffing structure is known and will be reported to the June meeting of this committee. The 2018/19 approved budget for the current ASD assessment and advice service is £753,000. This is funded by the Dedicated Schools Budget (DSB) which is currently running at an in year deficit. The design of the revised service

should therefore aim to deliver efficiencies within the DSB as well as an improvement in delivery.

GLOSSARY

ASD	Autistic Spectrum Disorder
CAMHS	Child and Adolescent Mental Health Service
CCG	Clinical Commissioning Group
DSB	Dedicated Schools Budget
EHA	Early Help Assessment
FTE	Full-time equivalent
GPAS	Garratt Park Advisory Service
HLTA	Higher Level Teaching Assistant
MACNP	Multi Agency Complex Needs Panel
MDA	Multi-Disciplinary Assessment
NICE	National Institute for Clinical Excellence
OT	Occupational Therapist
SaLT	Speech and Language Therapist
SCD	Social Communication Disorder
SGUHT	St George’s University Hospital Trust
SEND	Special Educational Needs and Disabilities
WCCG	Wandsworth Clinical Commissioning Group

RECOMMENDATIONS

1. The Education and Children’s Services Overview and Scrutiny Committee are asked to support the recommendations set out in paragraph 3 below.

2. If the Overview and Scrutiny Committee have any reviews, comments or additional recommendations, these will be submitted to the Executive and/or the General Purposes Committee for consideration.

3. The Executive are recommended to approve:

   (a) a formal consultation on the proposals outlined below for a more streamlined ASD pathway which includes the re-structuring of the ASD Advisory Services into a single service; and

   (b) the creation of a small team of supernumerary staff to provide interim assessment and support whilst the steps of consultation, planning and implementation are completed to ensure there is no break in service and trial new ways of working. This will be achieved within the available resources for the service.

INTRODUCTION

4. A review of the Autism Spectrum Disorder (ASD) Pathway has been undertaken to understand the issues underlying local trends in identification and to respond to

feedback from parents and professionals that post diagnostic support needs to be more effectively targeted. The review sought the views of parents / carers on their experience of the current pathway of assessment, diagnosis and support and also engaged with the professionals involved in the pathway in order to bring forward proposals for service re-design. The aims of any re-design would be to enable the pathway to be more streamlined and provide more effective support and intervention for children and families, and to reduce potential demand for high cost placements.

The current position in Wandsworth

5. The number of children and young people being diagnosed with ASD has increased significantly in the last five years, and the Borough is moving from diagnosis levels of 1:100 per child population to 1:50. Although a similar pattern has been seen in other boroughs, this exceeds the nationally reported expectations. Table 1 illustrates the increase in the number of Wandsworth children and young people in educational provision (nursery to end of school) with an ASD from 2009-10 to 2017-18. A specific collation of ASD statistics was not undertaken in 2016-17.

Table 1: the number of Wandsworth children / young people with an ASD in education:

2009-10	2010-11	2011-12	2012-13	2013-14	2014-15	2015-16	2017-18
495	563	586	631	672	729	860	1205

6. It is difficult to interpret with certainty the extent to which the increase in diagnoses represents:
   a. greater awareness of ASD and therefore more accurate diagnosis for children / young people whose needs might previously have been described differently; or
   b. actual growth in the prevalence of ASD.

7. Regardless of the underlying position, with prevalence levels at 1:50 it reinforces the importance of the whole children's workforce having some understanding of the difficulties that might be part of ASD and the ability to employ strategies which would support children with ASD.

8. It is also important to note that the cohort of children and young people with ASD is also very diverse. Children may or may not have other special needs / disabilities alongside their ASD and it is often the interplay of the range of needs that will determine the level of support and intervention that children might require to achieve positive outcomes both in terms of being able to progress towards employment and to be independent in adult life.

The current pathway and role of the Advisory Services

9. The current approach is divided in to two diagnostic pathways depending on the age of the child, with children aged 0-8 diagnosed by the Consultant Paediatrician and Speech and Language Therapists (SaLTs) from St George's University Hospital Trust (SGUHT) and those aged over 8 diagnosed by Child and Adult Mental Health Services (CAMHS).

10. The current 0-8 pathway is supported by Early Years Advisors and Advisors from Garratt Park Advisory Service (GPAS). This is in contrast to other boroughs that were consulted who all run a clinical process of assessment led entirely by NHS staff without the input of council officers.

11. The Paediatricians and Specialist SaLTs work very closely with Early Years Advisors (0-5) and Advisors from the Garratt Park Advisory Service (5-8) who collect evidence to inform the assessment process and participate in a formal Multi-Disciplinary Assessment (MDA) session with the SaLT and paediatrician. See Appendix 1 for a visual presentation of the existing 0-8 Pathway. The process is very different for Children aged 8+ who are referred by professionals to the Single Point of Access (SPA) at CAMHS. There is a very short pre-assessment period, during which there is paper-based screening. The formal MDA is undertaken by psychologists in the CAMHS Neurodevelopmental team. The Advisory Service is not involved in the assessment for this age group.

12. The National Institute for Health and Care Excellence (NICE) has published guidance on ASD referral, assessment and diagnosis and it is important that local commissioners have due regard to the guidelines when planning services. Wandsworth Clinical Commissioning Group has been engaged in the consideration of the potential service changes as well as key clinicians from SGUHT and CAMHS as it is essential that services are delivered in partnership.

13. The pre- and post-diagnostic support services to children, families and settings are also currently divided by age. The majority of key services for early years children (0-5) are provided at Siward Road, SW18 (Earlsfield) and at the West Hill Enhanced Children's Centre, SW18 (Southfields) with Early Years Advisors supporting settings. Garratt Park Advisors support the child and education settings from the beginning of Year 1 for children with an ASD diagnosis attending a mainstream school. Both services operate in different ways; advisors have different roles in each service and families transition between services at the age of 5. However, both services focus on enabling settings to meet children's and young people's needs as effectively as possible with a relatively small proportion of support being targeted towards parents and carers. Children who subsequently go on to attend a specialist educational setting are no longer supported by the advisory services although their parents may access some family support from Contact (previously known as Contact a Family).

14. Children are also likely to access therapies such as SaLT and Occupational Therapy (OT) which may be delivered in settings or for pre-school children in a clinic environment.

CONSULTATION FINDINGS

15. As part of the review of the service a consultation took place with parents and carers of young people with a diagnosis of ASD to find out their experience of the ASD Pathway from early identification of needs through to post diagnostic support. This occurred through a parental questionnaire, answered by 96 parents and carers and through two parent and carer focus groups. Parents' views were also sought through discussion with representatives from Positive Parent Action and the Learning Difficulties and Autism Lead at Wandsworth Carers. The analysis and summary of

the responses to the consultation are in **Appendix 2** which is available in the Members' Room.

16. Views were sought from a range of professionals involved in the Pathway to identify what is working well and where improvements could be made. A full list of professionals can be found in **Appendix 3** which is also available in the Members Room.

Summary of Parent Consultation

17. Generally, parents were satisfied with the level of support provided during the assessment and/or diagnostic process and felt that their views and knowledge of their child were taken in to account. It is important that moving forwards any restructuring does not compromise the quality of the assessment.

18. Parents were less satisfied with the level of support and training provided both *pre-diagnosis* and *post-diagnosis*. The focus of the proposed restructure is therefore to provide a more comprehensive universal early intervention offer and a specialist post diagnostic offer for young people and their families.

Triage and Early support

19. Professionals' views are that one of the main inefficiencies within the pathway is the initial triage of referrals. Incomplete and poor quality Early Help Assessment (EHA) referrals lead to professionals spending time chasing up missing information. Another issue is that the Pathway does not include a full and comprehensive assessment of the strengths and needs of the family and so referrals often quickly progress on to a specialist ASD / SCD waiting list without the consideration of key background information.

20. The three-year trend shows a significant percentage of assessments leading to "No diagnosis" (see table below). Where a "working diagnosis" is given, this might reflect that the evidence is indicating a diagnosis could be made but there are still some questions and in some cases parents may not be ready to receive a diagnosis

Number of Diagnoses between the ages of 0-5 (EY) and 5-8 (GPAS)

	2014/15		**2015/16**		**2016/17**	
	EY	**GPAS**	**EY**	**GPAS**	**EY**	**GPAS**
ASD diagnosis	78%	67%	72%	46%	67%	58%
No diagnosis	15%	29%	22%	46%	11%	37%
Working diagnosis	3%		3%		18%	
Review in 6 months	0%	4%	3%	7%	4%	5%

21. This indicates that at times families are engaged in a lengthy assessment process causing stress and anxiety when that may not be necessary, and this is tying up resources which could be deployed to provide more effective support. In the last year, the CCG has funded some pilot work to improve triage of cases and there has already been an improvement in the proportion of children being put forward for MDA who receive a diagnosis and professionals being able to determine at an earlier

stage those children who do not need to proceed to MDA. This learning will be built on in the new proposals.

22. Frustrations for parents have included the perception of very long waiting lists for a diagnosis and that they do not get any support until they have a diagnosis.

Pre-diagnostic support

23. Parents were significantly more satisfied with the level of support and training offered to them *pre-diagnosis* if their child was diagnosed between 0-5 than if they were diagnosed in either the 6-8 or 9+ age range. 62% of parents with children diagnosed aged 9+ were very dissatisfied with the level of support provided *pre-diagnosis*. A focus moving forwards needs to be on ensuring that early intervention is offered to all families when initial concerns are identified and considering in more detail the most appropriate early intervention for families of older children.

Post Diagnostic training and support

24. 63% of parents said that they had encountered difficulties when accessing support services and training, the main reasons given were inflexibility around parent training sessions as well as long waiting lists for therapies.

25. 44% of respondents felt that there were services that were not available, but which could have helped provide support. Most commonly cited services were therapies especially OT.

26. Overall 40% of parents or carers were either dissatisfied or very dissatisfied with the level of support and/or training offered *post diagnosis*, dissatisfaction was highest in the 9+ age category. Therefore one of the main aims for the service re-design is to provide more comprehensive *post diagnostic* support to both the child and their family at all ages.

PROPOSALS FOR A REVISED PATHWAY AND SERVICE STRUCTURE

27. The proposals outlined below have been drawn out of the review work and are intended to achieve the following objectives:
    - to enable effective multi-disciplinary planning and delivery of services for children and families throughout the entire process from emerging needs to post diagnostic support minimising transition between teams.
    - to provide parents with a single point of access particularly at times of need / crisis.
    - to enable the service to provide a timely response when issues are escalating.
    - to ensure there is a graduated response in the support available to children and their families including “ad hoc” support when families might consider there is greatest need as well as planned support through parent / carer training and specific types of intervention
    - to keep an overview of all children with ASD and to track their progress and review their outcomes.
    - to ensure there is effective joint working of professionals and multi agency triaging.

- to ensure appropriate post diagnostic follow up takes place

28. **Initial assessment in universal services:** a recommendation moving forward is that all children or young people referred should have a comprehensive Early Help Assessment undertaken by key professionals in the locality including the community SaLT, early years practitioner, health visitor and possibly Educational Psychologist (EP) to ensure that more comprehensive information is provided prior to any specialist triage. Materials would be developed to support those community-based practitioners to structure their observations appropriately.

29. **Upskilling of practitioners in universal services:** as indicated at the beginning of this report the increasing prevalence of ASD means that it is essential that the whole children's workforce (teachers in schools / pre-schools; teaching assistants; nursery staff; play workers) have a level of understanding of ASD and therefore as part of the implementation of any service change the proposal is to roll out a comprehensive training programme. The aim is to use the approach devised by the Autism Education Trust and to implement this using a train the trainer approach.

30. **Period of early intervention through universal services:** it is proposed that for all children and young people where a referral for assessment for possible ASD is being made, they should be able to access a period of early intervention. As well as providing support to the child and family this would contribute to the evidence to be considered by the specialist triage team including information on progress and successful strategies and up to date observations. It is proposed to enhance the family support offer for families at the Universal level. Alongside the work that has been undertaken to develop the specialist service model for supporting children with ASD there has been consideration is being given to the other Early Years Services such as Early Support, Portage and Play and Development which form the Early Years special needs offer and more formal proposals in relation to these services are being developed. The ongoing role of the West Hill Enhanced Children's Centre is referred to elsewhere on this agenda (Paper No. 19-49)

31. **Specialist triage to determine whether a child should have a specialist MDA:** After a period of early support and assessment a decision would then be taken about whether to progress on to a specialist assessment via triage. At this point the specialist team will decide whether the child's case moves on to the specialist pathway which would be a much shorter period leading to assessment or whether it continues to be appropriate for the child's needs to be met by other professionals in the locality or with different specialist skills.

32. **Creation of an Assessment Co-ordinator role:** the proposal moving forwards is to reduce the involvement of the Advisors in the 0-8 MDA assessment process in order to increase capacity for supporting children and families post diagnosis. To ensure this does not impact on the quality of the assessment process in future, it is proposed that a new Assessment Coordinator role is created. This person would be responsible for collating evidence for the MDA and would attend the assessment session in specific cases which would be agreed by the team.

33. **Ensuring there is a six week follow up for all children post diagnosis:** as indicated above the work on developing these proposals has been undertaken in

partnership with WCCG and provider colleagues. NICE guidelines recommend that all families are offered a six week follow up meeting post diagnosis. This does not always happen in Wandsworth. Parent feedback was that they wanted a range of information at this meeting. The Consultant Paediatrician is currently piloting a clinical follow up meeting and the CCG has invited a business case for additional funding resources as part of this review and development work to ensure that there can be compliance with this element of the NICE guidance. One of the roles of the single service would be to ensure an educational follow up meeting was held for all children post diagnosis.

34. **The creation of a single service multi-disciplinary service:** the re-designed service would bring together the Early Years and GPAS into a single service and have a clear partnership arrangement with the current NHS staff from SGUHT who work so closely with both teams at the moment. The focus in this report is on the elements that would be funded by the Council mostly through High Needs or Early Years Block funding, but the partnership element with the services currently provided by SGUHT and funded by the CCG is critical to the success of the future provision.

35. It is proposed to alter the skill mix of the new service to reflect the key aims. The Early Years Advisory Service has mostly teacher roles and two Early Years Development Officers and the GPAS has six advisory teachers, one SaLT and an administrator. When it was first developed there was provision for OT in the GPAS but owing to recruitment and retention difficulties the capacity was targeted at more advisory teachers in order to have an impact. It is proposed that the service is made up of a multi professional team. This would enable a broader range of specialist advice and support to be provided to both families and settings. This would include, teachers, therapists, an EP and a number of higher level teaching assistant / multi-therapy assistant roles to ensure the service could have greater reach. Table 2 below provides an indication of the skill mix and table 3 outlines the existing health team which would be working in close partnership with the advisory service. During the process of the forthcoming consultation a question to consider will be the extent to which this partnership remains a “virtual team” or becomes more formally aligned.

Table 2 proposed service staffing

Role	**FTE**
Head of Service	1
Specialist Advisory Teachers – Early Years/ Primary / Secondary	3
Specialist Speech and Language Therapist	2
Educational Psychologist - Early Years / school age	1
Occupational Therapist	1
Specialist workers: HLTAs / multi-therapy assistants / family support	4
MDA Coordinator	1
Administrative Support	1

Table 3 SGUHT staff

Role	FTE
Consultant paediatrician	1
Speech and language therapists	3.6
Clinical Psychologist	0.6
Clinical Nurse Specialist (currently specialist health visitor)	1

36. **The service will offer a graduated response including family support:** a key issue for parents was how to access support at times of crisis and the feedback from settings is that they need a multi-agency intensive support package when a placement is at risk of breakdown. The Single service would have a role in supporting these complex cases. The provision of home-based support could be through crisis telephone consultations and time limited programmes of home-based input through Video Interactive Guidance.

37. **The service will work in close collaboration with CAMHS:** where a child has been assessed by the CAMHS Service, with parental / service user consent the Advisory Service will be notified so that parents, children and young people can be informed of training and workshops and other support services which might help that child, young person or family.

38. **The establishment of a steering group / board:** the NICE guidelines suggest that best practice is to have a Local Area Steering Group. Currently Wandsworth does not have such a steering group but there is agreement from key partners that they would want to participate in such a group. Moving forwards the Head of the new Service would be a key member of this group.

39. **Location of the service:** currently the Early Years Advisory Service is based at Siward Road and the GPAS is based at Garratt Park School. The proposal is that the service would be based at Siward Road as this would enable a classroom at Garratt Park to be released for teaching purposes. With the current pressures on school placements, it is essential that where possible school space capacity is used to its maximum potential. The new service would need to be year round and there are spaces at Siward Road which would accommodate both an office base, space for training / meetings with parents as well as rooms where MDAs can take place.

40. **Leadership:** The service would require a Head of Service with a key strategic role in the following areas:
    - Implementation of the revised Pathway
    - Oversight and governance of the service
    - Monitoring performance against the agreed set of Key performance indicators (KPI).
    - Engaging with other partners from NHS and CCG.
    - Line management of the advisory teachers
    - Matrix responsibility for non-LA staff.
    - Leading the specialist triage

- Interface with other services (Early Help, CAMHS, Early Years hub, Special Needs Assessment Service, early years, schools and potentially further education settings).

41. There are two possible options for how the service is managed moving forward:
    a) commissioning the extended service from Garratt Park School; or
    b) bringing the service in to the Council.

42. The Chair of Governors and Headteacher of Garratt Park School have been in discussion with officers and there will be further consultation with the governing body to inform this decision making.

NEXT STEPS

43. This paper seeks approval to consult with parents, carers, service users and key partners on these proposals. This would take place during March and April 2019 to enable firm and fully costed recommendations to be put to this committee in the June committee cycle. The approach would include a survey setting out the key proposals seeking stakeholder views and focus groups for those who would like to engage in more detailed discussion of the proposals. Table 4 gives the timeline of next steps.

Table 4

Timeline	Activity
February / March2019	Discussions with Garratt Park governing body and school leaders
March / April 2019	consultation with service users / partners / key stakeholders on the proposals
April – December 2019	Interim service model trialling new approaches
June 2019	outcome of consultation and any amendments to proposals to ECSOSC
September / October 2019	Formal staff consultation
Spring Term 2020	Full implementation of new service

44. As a number of recommendations in relation to Early Years Services were approved by the Executive in July 2018 (Paper No. 18-210) formal staff consultation has already been undertaken with the staff members in that service who are affected by these proposals. This report seeks approval to put in place an interim team of workers who would ensure that assessment and support work continues through the period of consultation and development of the implementation plan and that it trials some of the proposed approaches set out. The interim team would be funded from the resources available for the new service which would combine the existing budget for the GPAS £563,398 and the remaining budget following the changes to wider Early Years Advisory Service (as set out in Paper No. 18-210). That remaining budget is £190,000. The Early Years staff (5) affected by the proposals in Paper No. 18-210 would be able to take up the roles within this team, therefore only two staff would potentially be at risk of redundancy at this stage.

EQUALITIES IMPACT NEEDS ASSESSMENT

45. An initial Equalities Impact Needs Assessment has been undertaken which indicates the positive benefits of the proposed changes which should enable more children and families with ASD to access a more targeted and effective service. It is recognised that parents and carers may have concerns related to the change and the period of consultation is intended to ensure that the proposals can be as robust as possible in meeting the stated aims. As boys and Black and Black British young people are over-represented amongst young people with ASD the positive or negative impacts outlined will impact more on these groups of young people. The EINA is appended to this report as Appendix 4.

DIRECTOR OF RESOURCES COMMENT

46. This report recommends undertaking formal consultation on the creation of a single Autism Advisory Service to be fully implemented by Spring 2020. An interim team, funded from existing budgets and utilising existing staff, will be established to ensure no break in service until then. Any resulting redundancy costs will be quantified once more detail of the future service and its staffing structure is known and will reported to the June meeting of this committee.

47. The 2018/19 approved budget for the ASD assessment and advice service is £753,000. This is funded from the Dedicated Schools Budget (DSB) which is currently running at an in year deficit. The design of the revised service should therefore aim to deliver efficiencies within the DSB as well as an improvement in delivery.

COMMENTS OF THE ASSISTANT DIRECTOR OF RESOURCES (CORPORATE SERVICES) IN RESPECT OF HR IMPLICATIONS

48. The Assistant Director of Resources [Corporate Services] comments that the proposals would create an interim team in April 2019 to provide the service delivery during this period of change, prior to a permanent structure being implemented in January 2020. Paper No. 18-210, identified Early Years staff in Siward Road (5), at risk of redundancy, these staff have agreed to extend their notice periods in anticipation of these new positions and a competitive process will follow to create the interim structure of three, (3) staff. Therefore two (2), staff will be at risk of redundancy at this stage. The proposals will follow the Code on Managing Restructures in the SSA.

49. A staff Equality Impact Assessment will be conducted as part of this process. The Unions will also be informed via the Joint Consultative Committee.

CONCLUSION

50. This report provides an overview of the ASD Pathway review and summarises the key feedback from both parents/carers and professionals. It seeks agreement to begin a formal consultation to create a single Advisory service and to put in place an interim team to ensure assessment and support continues during the consultation

and implementation phases. This would provide a more streamlined service to families and improve the level of support provided at both the pre-diagnostic and post-diagnostic phases.

The Town Hall,
Wandsworth,
SW18 2PU.

John Johnson
Director of Children's Services

30th January 2019

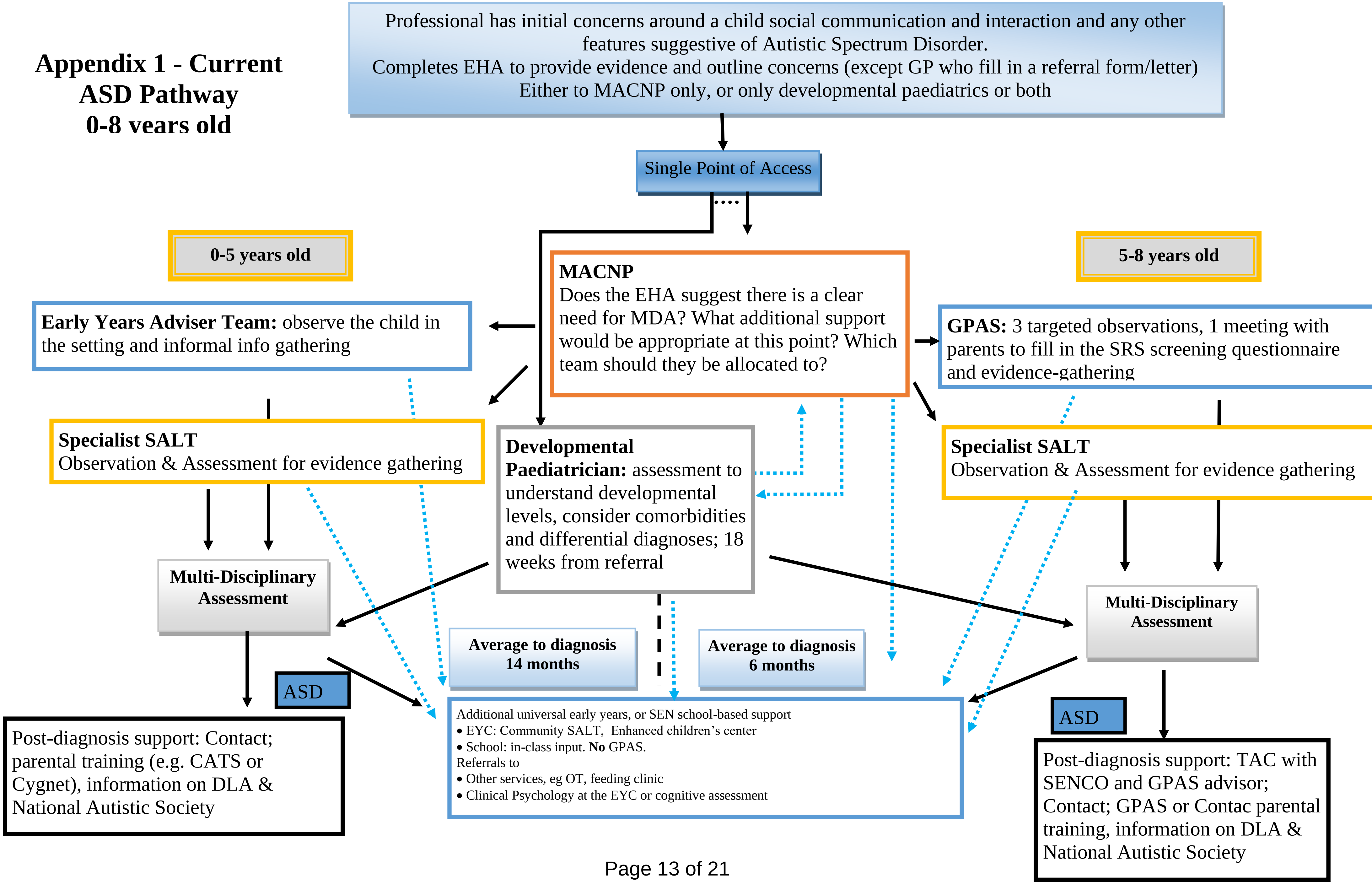
Report Author: Carol Payne, Carol.Payne@richmondandwandsworth.gov.uk

Background papers

There are no background papers to this report.

No background documents were relied upon in the preparation of this report.
All reports to Overview and Scrutiny Committee, regulatory and other committees, the Executive and the full Council can be viewed on the Council's website (www.wandsworth.gov.uk/moderngov) unless the report was published before May 2001, in which case the Democratic Services Manager (Rachel Williamson 020 8871 7857; email rachel.williamson@richmondandwandsworth.gov.uk) can supply if required.

Appendix 1 - Current ASD Pathway 0-8 years old



Professional has initial concerns around a child social communication and interaction and any other features suggestive of Autistic Spectrum Disorder.
Completes EHA to provide evidence and outline concerns (except GP who fill in a referral form/letter)
Either to MACNP only, or only developmental paediatrics or both

Single Point of Access

0-5 years old

5-8 years old

MACNP
Does the EHA suggest there is a clear need for MDA? What additional support would be appropriate at this point? Which team should they be allocated to?

Early Years Adviser Team: observe the child in the setting and informal info gathering

GPAS: 3 targeted observations, 1 meeting with parents to fill in the SRS screening questionnaire and evidence-gathering

Specialist SALT
Observation & Assessment for evidence gathering

Developmental Paediatrician: assessment to understand developmental levels, consider comorbidities and differential diagnoses; 18 weeks from referral

Specialist SALT
Observation & Assessment for evidence gathering

Multi-Disciplinary Assessment

Average to diagnosis 14 months

Average to diagnosis 6 months

Multi-Disciplinary Assessment

ASD

Post-diagnosis support: Contact; parental training (e.g. CATS or Cygnet), information on DLA & National Autistic Society

Additional universal early years, or SEN school-based support
- EYC: Community SALT, Enhanced children's center
- School: in-class input. **No** GPAS.

Referrals to
- Other services, eg OT, feeding clinic
- Clinical Psychology at the EYC or cognitive assessment

ASD

Post-diagnosis support: TAC with SENCO and GPAS advisor; Contact; GPAS or Contac parental training, information on DLA & National Autistic Society

Appendix 3

Professionals consulted during the review

- Wandsworth CCG - Robert Dyer, Commissioning Manager, Children's and CAMH Services
- Wandsworth CCG – Catherine Kane, Interim Children's Programme Manager
- St George's Hospital paediatric team – Dr Pany Hudson, Consultant Neurodevelopmental Paediatrician and Clinical Lead for Autistic Spectrum Disorders, Heather Hearty, Assistant General Manager
- CAMHS SW London Neurodevelopmental Team – Mashhuda Kazi.
- Wandsworth Council SEND team – Carol Payne, Head of Special Needs, Disability and Psychology
- Specialist Speech and Language Therapy (SaLT) – Jill Gisby including the views of the Specialist SaLT team.
- Schools and Community Psychology Service – Tara Midgen, who also provided additional feedback from her team.
- Wandsworth Council Early Years and Early Help service – Susan Reid who also provided the views from the Early Years Advisory team and Parent and Child development team, Lucy Davies
- Garratt Park Advisory Service (GPAS) – Michael Reeves, Michele Tan, Louise Ware
- Contact – Charlotte Amison

Appendix 4

SSA EQUALITY IMPACT AND NEEDS ANALYSIS

Directorate	**Children's Services**
Service Area	**Special Needs, Disability and Psychology**
Service/policy/function being assessed	**ASD Pathway and service design**
Which borough (s) does the service/policy apply to	**Wandsworth**
Staff involved	**Head of Special Needs, Disability and Psychology**
Date approved by Policy and Review Manager	

SUMMARY

- It is proposed to consult parents / carers and other key partners and stakeholders on proposals to re-design the specialist services to support children and young people with Autistic Spectrum Disorder (ASD). This builds on previous consultation regarding key priorities.
- The proposed new service
    - creates a more streamlined pathway
    - provides greater access to post-diagnostic support
    - brings together a multi-disciplinary team to ensure that support is more co-ordinated
- As males are more highly represented in the cohort of young people identified with ASD they would be more positively impacted by the introduction of this change to the service and pathway. Parents may be concerned about the potential changes because they are used to the current service delivery models and this is why there will be a period of stakeholder consultation prior to definitive proposals being presented to the Education and Children's Services Overview and Scrutiny Committee in June 2019
- Although the staff base for some staff within the service may change the location of delivery of services to services users will remain the same
- It is also anticipated that black and black British children and young people would be more highly represented in the cohort with ASD and therefore they would also be more positively impacted by the proposed changes to the model.

1. Background

- The number of children and young people being diagnosed with ASD has increased significantly in the last five years, and the borough is moving from diagnosis levels of 1:100 per child population to 1:50. Although a similar pattern has been in seen in other boroughs, this exceeds the nationally reported expectations.
- Consultation with parents / carers and professionals in 2017/18 indicated that there are concerns about the level of support and intervention available to

children and families post diagnosis, to enable them to understand the implications of having ASD and develop strategies to cope.

- The proposals on which it is now intended to consult have been drawn up to
    - Provide a single specialist service in the borough
    - Provide a more streamlined pathway for assessment and support which ensures appropriate access to and involvement of universal services close to where the child lives
    - Provides improved access to specialist post diagnostic support
- An aim of providing more effective post-diagnostic support is to reduce the risk of school placements breaking down and to reduce the risk of families not being able to cope leading to the potential of children being placed in residential settings.

2. Analysis of need and impact

<table>
<tr><th>Protected group</th><th></th></tr>
<tr><td>Disability</td><td>The table below indicates the increase in the number of children with ASD in Wandsworth over the last 9 years. Until five to six years ago it was accepted that Wandsworth was in line with other areas which had a prevalence of ASD of one in 100 of child population. This has shifted now to one in 50. The service change will specifically benefit the proportion of the population identified as having ASD.
<table>
<tr><th>2009-10</th><th>2010-11</th><th>2011-12</th><th>2012-13</th><th>2013-14</th><th>2014-15</th><th>2015-16</th><th>2017-18</th></tr>
<tr><td>495</td><td>563</td><td>586</td><td>631</td><td>672</td><td>729</td><td>860</td><td>1205</td></tr>
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<tr><td>Age</td><td>This report relates to young people aged between 0 and 19 and therefore that proportion of the population will specifically benefit from the changes.</td></tr>
<tr><td>Gender (sex)</td><td>More males are identified with ASD than females. This is recognised in national data. The table sets out the male / female prevalence compared to the population. These service changes will therefore benefit more males than females.
<table>
<tr><th></th><th>Males</th><th>Females</th></tr>
<tr><td>With ASD</td><td>82%</td><td>18%</td></tr>
<tr><td>Population</td><td>48%</td><td>52%</td></tr>
</table>
</td></tr>
<tr><td>Race/ ethnicity</td><td>As children / young people with ASD are currently supported by multiple teams it has not been possible to pull together a single dataset to analyse race/ethnicity however school census data provides a guide to the race/ethnicity of young people in Wandsworth schools identified with Special Educational Needs (SEN) who are receiving support at the SEN Support stage or the Education Health and Care Plan (EHCP) stage. There is a slightly higher percentage of Black and Black British pupils with SEND than in the general school population and a slightly lower percentage of Asian and Asian British. These data have been drawn from the May 2018 School Census.</td></tr>
</table>

	SEN Support	EHCP	Total in Wandsworth School
Asian or Asian British	654 (14.6%)	218 (12.9%)	5947 (17.4%)
Black or Black British	1146 (25.5%)	452 (27%)	7309 (21.4%)
Mixed	678 (15%)	230 (13.7%)	4331 (12.7%)
Other	187 (4.2%)	57 (3.4%)	1565 (4.6%)
White	1717 (38.3%)	673 (40%)	13929 (40.8%)
Refused/Not Obtained	72 (1.6%)	30 (1.8%)	578 (1.7%)
Unknown	32 (0.7%)	17 (1%)	473 (1.4%)
Total	**4486**	**1677**	**34132**

Percentages may not equal 100% due to rounding.

Gender reassignment	**Not known**
Marriage and civil partnership	**Not applicable**
Pregnancy and maternity	**Not applicable**
Religion and belief, including non belief	**Not known**
Sexual orientation	**Not known**

Data gaps

Data gap(s)	**How will this be addressed?**
Data on the protected characteristics of young people with ASD	An expectation of the newly developed service will be a requirement to maintain a comprehensive data set including appropriate information on protected groups but the main focus will be on gender / age / ethnicity / disability

	and where appropriate data on sexual orientation

3. Impact

Protected group	**Positive**	**Negative**
Age	The previous consultation indicated that parents of children over the age of 9 years had a higher level of concern about access to services post diagnosis. The proposals to implement more effective post-diagnostic support should have a positive impact for this age group. There is a perception currently of long waits for diagnosis. The proposals are intended to ensure that children can access support during the period of assessment and that the process of specialist assessment leading to diagnosis should be more timely. This relates particularly to those children being assessed by the paediatricians / speech and language therapists aged between 0-8. Children over the age of 8 will continue to access specialist assessment from Child and Adolescent Mental Health Services where the time frame has been more contained	There is a risk with any service change that it might be perceived as negative because it is anticipated that there will be changes of staff and there will be a period of implementation when the service is not fully in place. It is anticipated that this would have an impact across all protected groups but steps would be taken to reduce the potential for any negative impact through having interim plans for existing service users
Disability	As the re-design is intended to benefit children with ASD by enabling greater access to post-diagnostic support the expectation is that the proposals will have a positive impact for children / young people with these needs. These include better support for families • through training • through targeted interventions both in settings and in situations of	As above

	significant need in the home environment - through more multi-disciplinary working	
Gender (sex)	Boys are more likely to have ASD than girls and therefore will benefit from the positive impacts outlined in the age and disability sections	As above
Race/ethnicity	Black and Black British children are more likely to be identified with SEND and therefore ASD. They therefore will benefit more from the positive impacts outlined in the age and disability sections	As above
Gender reassignment	data not currently collected. The positive impacts outlined above will impact on all young people accessing the service regardless of their belief or lack of belief	As above
Marriage and civil partnership	N/A	
Pregnancy and maternity	N/A	
Religion and belief, including non belief	data not currently collected. The positive impacts outlined above will impact on all young people accessing the service regardless of their belief or lack of belief	As above
Sexual orientation	No data The positive impacts outlined above will impact on all young people accessing the service regardless of their sexual orientation	As above

4. Actions

Action	**Lead Officer**	**Deadline**
- To consult with parents / carers / young people and other key stakeholders on the proposals for the service re-design	Andy Fish	April 2019
- To update this EINA in the light of the consultation outcome	Carol Payne	May 2019

• To bring the outcome of the stakeholder consultation back to the June cycle of ECSOSC for decision.	Carol Payne	June 2019
• To undertake staffing consultation based on the finally agreed service design	Garratt Park School	Sept 2019
• To ensure there is an interim team in place to continue service delivery whilst the implementation plan for the re-designed service is drawn together	Carol Payne	March 2019
• To develop comprehensive data set for monitoring the service	Head of Service	March 2020

5. Consultation

A consultation will be undertaken with key stakeholders using a survey and focus group approach. The outcome of the consultation will be brought back to the Education and Children’s Services Overview and Scrutiny Committee in June 2019.

Appendix 5 – Role of the Single Service

Universal support (Pre Diagnosis) from the specialist team

- Whole staff training – Autism Awareness (1.5 hours)
- Key staff training teachers and TA's – (6 hours)
- Support with whole school inclusive approaches – AIM, Inclusion Charter, Communication friendly school
- One off observations

Post diagnosis Intervention

Setting based input

- Follow up TAC in school/ Nursery with agreed plan of support
- Specialist SaLT intervention training e.g. PECS
- OT training and modelling of sensory diets
- Modelling of ASD techniques and interventions
- Setting up resources e.g. workstations, timetables
- Producing bespoke resources
- Specific transition support
- Support at times of crisis/ change/ bereavement
- Classroom or play observation, advice and guidance
- Support and attendance at TAC meetings (including EHCP)
- Specialist reports for TAC, EHCP Annual reviews
- Direct work with the child - Fixed-term specialist programmes 1:1 and small groups e.g. social skills
- Behaviour observations and guidance
- Staff consultation/ supervision

Family based input

- Paediatric follow up
- Follow up TAC in school/ Nursery with agreed plan of support
- Parent Universal training offer- Cygnet, Early Bird/ CATs
- Signposting to coffee mornings in the community and parent support networks including support from local NAS Branch
- Access to a range of WIKIs on local offer website modelling home based strategies
- SaLT and OT training programmes for parents/ carers
- Sibling support
- (Post diagnostic family support from CAMHs IAPT)
- Parent targeted courses; toileting, visual support, Multi-disciplinary feeding clinic etc
- Telephone consultations with Advisors/ Therapists around home specific issues e.g. behaviour, home routines.
- One off / Block of home based support from Family Support worker / specialist SaLT/ OT to model strategies
- Video Interaction Guidance (specialist level of input with clear eligibility criteria)

Intensive support

Where a child is at risk of permanent exclusion or family is in crisis

- Focused conversation with school and family to ensure all universal services are engaged
- Option for person centred planning session facilitated by EP
- Intensive intervention from services in settings including Advisors, SaLT, O.T
- Intensive intervention from services in home Thrive, Early help, 0-25 team, Access
- Crisis telephone consultation
- Positive Behaviour Support planning