

Wolverhampton Joint Autism Strategy 2016-2021

City of Wolverhampton Council
and NHS Wolverhampton Clinical
Commissioning Group

Wolverhampton **NHS**
Clinical Commissioning Group



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Introduction

This is a high level strategy designed to support children and adults with autism who live in Wolverhampton.

Autism is a lifelong neurodevelopmental condition, it is a 'spectrum' disorder which means that individuals experience it differently and are affected in different ways. There are however some common challenges for people with autism. *These include:*

- social communication
- social interaction
- social imagination

People with autism can also experience sensory difficulties such as over, or under-sensitivity to sounds, touch, tastes, smells, light or colours. It is also more likely that people who have autism will experience higher levels of stress than someone who does not have autism. This makes mental health problems more likely.

Many people with autism are able to live independent lives. Others may need some support or the ability to access to services in order to achieve their full potential and lead fulfilled and happy lives. Approximately 50% of people with autism have an accompanying learning disability and 30% of people with autism experience mental health issues. Many people can access mainstream services with reasonable adjustments; however, some people may need specialist support to access services positively.

City of Wolverhampton Council and the Clinical Commissioning Group (CCG) are committed to commissioning high quality autism services and working with partner organisations, to improving the lives and opportunities for children, young people and adults with autism.

The purpose of this strategy is to provide a clear plan, outlining how support will be delivered in Wolverhampton and to identify objectives and actions which reflect local need and diversity and to reach the vision together set out in the Think Autism 2015 Strategy:

"All children, adults and older 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."

For those individuals, who following an assessment of their needs are eligible for social care support, or receive health services, the strategy provides a clear and consistent, joined up approach to support throughout a person's life. It highlights the importance of personalised services and support. Offering individuals more choice and control with a particular emphasis on a clear plan and support when moving from children's to adults' services.

The primary focus of this strategy is to embed autism services and the range of associated support available within our existing provision. This will require the creative and innovative re-shaping and re-design of current services, utilising existing financial resources. It will be achieved by collaborating with local providers to develop more innovative cost effective solutions to community based provision and increase access and availability to local universal services to ensure that both the Council and CCG channel the right resources, at the right time, in the right place, to the right people.

This strategy builds upon earlier work within children's and adults' services, the involvement of customers, carers and other stakeholders, as well as responding to and acting upon national law and guidance.

Statutory responsibilities

This All Age Autism Strategy will be influenced by national and local policy and research, with particular reference to the following:

The National Autism Strategy states that autism services for adults are shaped by the National Autism Strategy for Adults, Fulfilling and Rewarding Lives (2009). *This has five main areas for development:*

- Increasing awareness and understanding of autism
- Developing pathways for diagnosis and personalised needs assessment
- Improving access to support services in the local community
- Helping people with autism into work
- Enabling local partners to plan and develop appropriate services

The refreshed national strategy, Think Autism (2014), maintains a similar focus for development, with three new key proposals.

- Autism Aware Communities
- Autism Innovation Fund
- Better data collection and more joined up advice and information services

Statutory Guidance has been published (2015) to ensure the implementation of the adult autism strategy. It guides local authorities, NHS bodies and NHS Foundation Trusts with regards to what actions should be taken to meet the needs of people with autism living in their area.

It states that local authorities and the NHS:

- Should provide autism awareness training for all staff
- Must provide specialist autism training for key staff, such as GPs and community care assessors
- Cannot refuse a community care assessment for adults with autism based solely on IQ
- Must appoint an autism lead in their area
- Have to develop a clear pathway to diagnosis and assessment for adults with autism
- Need to commission services based on adequate population data.

The Care Act 2014 aims to put people and their carers' in control of their care and support and includes:

- A national minimum eligibility threshold for care and support
- The right to receive a personal budget for people and their carers who meet eligibility criteria
- New rights for carers, including a duty to offer them an assessment and to provide support if they have eligible needs
- A duty for councils to consider the physical, mental and emotional wellbeing of people needing care, and to provide preventative services and support.

General Equality Duty as established by S149 Equality Act 2010 states that public bodies covered by the Equality Act 2010 must develop policies and strategies in line with the requirements of S149 of the Equality Act.

There are three main aims of the General Equality Duty that services must:

- eliminate unlawful discrimination victimisation and harassment

- advance equal opportunities
- and foster good relations

Organisations will be able to demonstrate that they have had "due regard" by having evidence of having considered relevant equalities data in proportionate detail and in a timely manner before key decisions are taken.

This strategy and the services that support people with autism are subject to the perimeters of the Equalities Act.

Vision

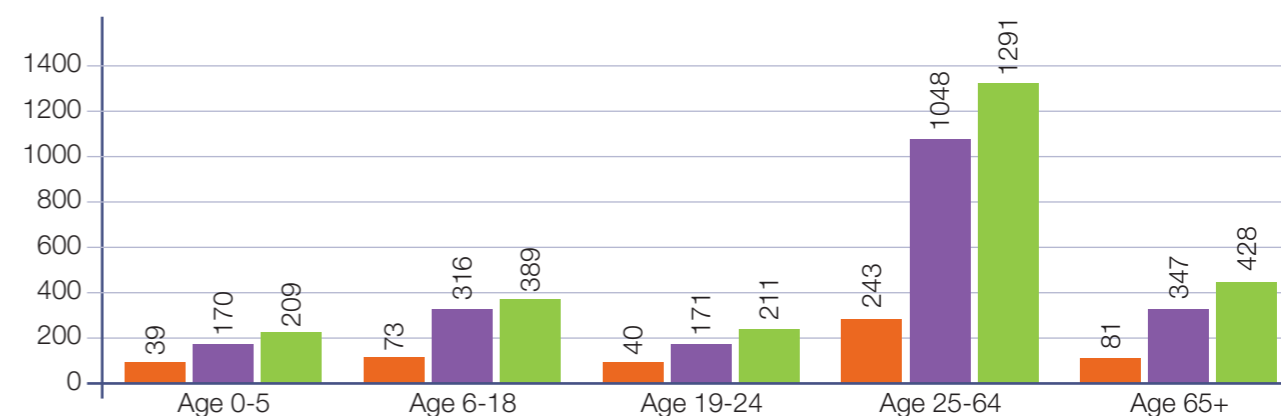
Our vision is a City where people with autism of all ages and regardless of their equalities profile, have the same opportunities as anyone else, can live the life they choose, receive personalised support when they need it, enjoy meaningful activities and be active citizens and members of our community. A City where autistic people feel safe, understood and supported. Where the word autism means the same to every member of our community: 'different not less' (Temple Grandin, Ph.D., Professor of Animal Science, diagnosed with High Functioning Autism/Asperger).

Needs Analysis

In order to meet the current and future demand for services and support for people with autism, and in a diverse city like Wolverhampton, it is important to understand the national and local population profile and the prevalence of autism.

Recent studies estimate that the national prevalence is 1 in 100 people have autism. This equates to about 638,000 people in the United Kingdom suggesting that in Wolverhampton there are currently about 2528 people with autism and together with their families make up around 10,000 people in Wolverhampton whose lives are touched by autism every single day. It will also be important that the equalities profile of the diagnosed population is considered in relation to Partner's wider Equality Act responsibilities to ensure that services are offered equitably and that outcomes are not significantly different for reasons unrelated to clinical need.

Between 2011 and 2015, 82 children under the age of 5 and 137 children between the ages of 5 and 18 were diagnosed with autism. Around 75 children and 90 adults, 8 of whom have High Functioning Autism / Asperger's



syndrome are known to the local authority who meet the eligibility criteria for social care services.

Population projections forecast a 4.8% increase in the number of people with autism in Wolverhampton by 2020 and an additional 3.5% rise by 2030. Services will need to adapt to the growing number of people with autism over the coming years.

Based on the local population projection and the prevalence estimate of autism, the graph below shows the estimated number of children, adults and older adults with autism in Wolverhampton.

National and the local data indicate that people aged 55 and over with autism who probably have never received a diagnosis are the least likely of all age groups to access the support they may require. Most people with autism will not require long-term specialist health and social services, but they may need support at certain stages of their life to learn to manage and overcome their social, communication and sensory difficulties. In addition, the lives of people with autism could be significantly enhanced if their needs are known and recognised and those who interact with them have an awareness of the condition.

Only 15% of autistic adults in the UK are in full-time paid employment.

At least one in three adults with autism are experiencing severe mental health difficulties due to a lack of support.

People with autism are more likely to be excluded from school. 27 per cent had been excluded from school and 50 per cent had changed schools apart from normal transitions.

A study found that nearly 1 in 3 people with autism is socially isolated and nearly 40 percent of young adults with autism never saw friends.

Priorities

Priority 1: *To collect clear and consistent data that includes equalities data; and analysis as a fundamental practice across children and adults services*

Priority 2: *Organised information and intelligence sharing across a range of stakeholders*



Strategic Objectives

Based on the Autism Act and the statutory guides, the Wolverhampton profile and the on-going dialogues this strategy sets out eight Strategic Objectives for the forthcoming five years in which we intend to progress to improve the lives of all with autism.

Objective 1

Information, Advice and Support

Outcome

To provide high quality accessible, easy to understand information

The City Council is committed to providing its citizens with good information and support to enable them to get the personalised care they need, make genuine choices and exercise control over their lives and remain independent and well.

City of Wolverhampton Council has, for a number of years, placed great emphasis on providing access to information and advice to its citizens mainly via its public facing services, word of mouth and the giving out of leaflets etc. Since 2009, this philosophy has helped to support and develop the specific requirements of the government policy including the Autism Act 2009 and the Care Act 2014.

The Care Act 2014 formalises many of these requirements and this strategy sets out how the City Council will respond to the new regulations contained within the Act and enhance existing services on offer to anyone who would benefit from them, across the City.

A new Information Portal has been developed www.wolvesnet.info, Wolverhampton Information Network (WIN) brings together existing information and advice resources in a

single easy to use database for use by all members of the community. It aims to support the reduction in dependence on council services, by helping people to help themselves. By providing information and advice to people on a range of issues, such as personal finances, healthy living, support groups and things to do it aims to help people remain as independent as possible for longer and to find alternatives to traditional Local Authority support.

As WIN develops and through feedback from users, it has grown to include a range of support and advice services available to the people of Wolverhampton, ranging from support to interest groups. It currently serves the adult population of Wolverhampton, but it is in the process of being upgraded to include Families, Children and the SEND Local Offer to increase its offer to City residents.

Priorities

Priority 1; *To ensure that local information networks such as WIN and the Local Offer have relevant information about Autism.*

Objective 2

Develop a clear and consistent pathway including post diagnostic support

Outcomes

Families will have access to timely diagnostic services that meet NICE guidelines.

Families will be supported through their assessment by the referrer and the diagnostic service, recognising that this is a time of stress for many people.

Children and adults diagnosed with autism will be given support to understand their diagnosis and information about social care provision (including for family carers), educational assessment and support (where appropriate) and information about local and national organisations that can provide further support.

Families (regardless of the outcome of diagnostic assessment) will be signposted by the provider of the assessment to services that may be able to support them and their families in their local community.

Assessments are coordinated by a key worker from the panel, with support from the relevant services.

This section of the document relates to assessment and diagnostic care pathways for people with neurodevelopmental conditions including Autism and other conditions such as Attention Deficit Disorder.

The clinical elements of the diagnostic and assessment services are currently commissioned by the Wolverhampton Clinical Commissioning Group provided following GP referrals.

These services are currently provided by a range of providers including regional based specialist services. In some cases there are shared care arrangements regarding prescribing support and monitoring of medication with GP's and the Black Country Partnership NHS Foundation Trust both in terms of Adult Mental Health Services (AMHS) and Children's and Young Peoples Mental Health Services (CAMHS). This includes CAMHS and AMHS Learning Disability Services.

Adults with learning disabilities are assessed within the specialist learning disability health

service, and adults without learning disabilities are referred to a specialist diagnostic service who co-ordinate a multi-disciplinary assessment.

As current diagnostic services are provided in a number of different ways and by different providers this could make it difficult for families and referrers to navigate their way through the system, and could lead to inconsistencies of approach.

Some elements of the children's diagnostic pathway are not formally commissioned and this has led to some inconsistencies in the input by different professional groups into both assessments and the diagnostic panel.

On-going clinical support and treatment of people of all ages with neurodevelopmental conditions and co-occurring mental health needs is also provided by the Black Country Partnership Mental Health NHS Foundation Trust with core principles regarding:

- **Strengthening the user and carer voice**
- **ensuring health support in educational and residential settings**
- **speedy access to support in a crisis as laid out in our local Crisis Concordat**
- **care close to home across secondary and tertiary services**
- **particular attention regarding the application of the care programme approach and management of risks and vulnerabilities**
- **care pathways and support in primary care**
- **care pathways and support regarding dual diagnosis (substance misuse) wherein people with neurodevelopmental conditions may have particular risks**
- **needs and requirements and support during periods of transition**

Achieving the timeframes recommended by NICE in terms of assessment completion has been a challenge for both children and adults, and there is no standard core information that is given to families post assessment.

We do not currently have robust ways to determine the difference a diagnosis makes to a family, and whether the outcomes sought through the pathway are met. Adults (and in particular older adults) may not have had an assessment for autism. Their life may have been affected by some of the difficulties associated with autism, but never having been diagnosed they may have been receiving inappropriate support, or no support at all.

Priorities

Priority 1: *In order to develop excellence, consistency and to promote a genuine understanding of the needs of Wolverhampton families we strive to commission one all-age pathway that is embedded across our services, and led by our local commissioned providers of health, social care and education.*

Priority 2: *To ensure that referrers have information about how to support a person who has received a diagnosis, and their family.*

Priority 3: *To ensure that post-assessment information about how to access support is accessible to families.*

Priority 4: *To evaluate the impact of that pathway and work with families to shape the future provision.*

Objective 3

Increasing awareness and understanding of autism

Outcomes

To increase awareness and understanding of autism throughout the city workforce.

People with autism say that they face many difficulties as a result of a lack of understanding about autism.

Mental health and learning disability services will need to ensure that they are making reasonable adjustments for people with autism. We recognise that this will only be possible if all services have autism on their agenda and if the awareness and profile of autism is high.

High quality training not only ensures that all staff have a good understanding of the main characteristics of autism but also equips staff with the knowledge about how to treat people with respect and dignity and enables the team to make reasonable adjustments to take into account the multiple needs issues people with autism may experience.

A well-trained public sector workforce can be the foundation of wider societal changes by improving the way services are planned and delivered.

At present, the City of Wolverhampton Council offers four e-learning materials for its own staff: Autism Awareness, Autism Awareness - Asperger's Syndrome, Autism and Challenging Behaviour and Autism and Education.

There are online e-learning packages available for GPs, health and other public sector services. However, it is recognised that autism

awareness within the general population, as well as the emergency and public services, is likely to be under developed.

There is a need for basic autism awareness training to be available for all staff, whilst specialist training should be provided for professionals in key roles including GPs, social workers, personal assistants, occupational therapists, commissioners and those in leadership roles.

The level and structure of training currently offered could be improved to support staff to identify people with autism. Wolverhampton recognises that staff who have a role in recruitment need an enhanced understanding of the difficulties people with autism face through the process so that reasonable adjustments can be made.

Wolverhampton will aim to actively involve people with autism, their family and carers in the development and delivery of the autism training and refresher programmes. It is anticipated that an increased awareness of public sector staff could support the early identification of the difficulties people with autism face thus increasing their prospect of receiving an appropriate referral, diagnosis and support.

Priorities

Priority 1: *To ensure that various levels of training are developed and delivered, including a specialist autism programme to increase awareness across all relevant agencies and enable key professionals to recognise, assess and support people with autism.*

Priority 2: *To ensure that all commissioned services include requirements for providers to train their staff appropriately so that reasonable adjustments can be made for people with autism.*

Priority 3: *To support services including GP's, hospital, leisure, criminal justice, and housing have appropriately skilled staff to support people with autism so that reasonable adjustments can be made*

Objective 4

Preparing for Adulthood

Outcomes

All young people aged 13- 25 years who are on the autistic spectrum are able to or are supported to make informed decisions about their future.

Young people on the autistic spectrum are in a range of provision both within and outside the city this includes; special schools and mainstream secondary schools and units within the city, the local college, and special schools and colleges outside the city.

Young people should have access to independent and impartial careers education, information, advice and guidance, throughout their preparation for adulthood, from their school, and where appropriate from the Connexions service. Information is also available through the Local Offer for young people and their Parents/Carers.

Support throughout preparing for adulthood is provided through a multi-agency approach underpinned by the principles of person centred planning.

For those young people for whom an Education Health and Care (EHC) plan is appropriate early support to develop vocational profiling leading to a Career Pathway Plan will help inform the outcomes from the completed EHC plan

Advocacy is available through Connexions for all young people and in particular for those over 16 years who may wish to indicate their preferences.

Challenges exist where a young person is not in receipt of an Education Health and Care Plan but is in need of effective careers education information advice and guidance.

Challenges also exist where a young person with autism is not in receipt of an Education Health and Care plan but is in need of wrap around support, particularly in mainstream settings, to enable them to learn and progress and maximize their potential.

Another challenge is the need for young people to be exposed to the demands of an employment setting to successfully navigate their employment pathway.

Priorities

Priority 1: *Young people on the autistic spectrum and who are not in receipt of an Education Health and Care plan are identified early and are fully supported to maximize their potential.*

Priority 2: *All young people on the autistic spectrum who are preparing for adulthood should have access to quality assured work experience to help them prepare for their transition into further education employment or training.*

Objective 5

Lifelong learning, increasing skills and inclusive employment

Outcomes

All exclusion will comply with national guidance and good practice.

All children and young people with autism will attend a school that has a good understanding of their condition, and have skills and resources to meet their needs.

Nationally, 2.8% of children and young people in education have a statement of Special Education Need (SEN) or an Education, Health and Care Plan (EHCP)¹. Of these 24.5% have an Autism Spectrum Disorder (ASD) identified as their primary area of need, making ASD the most common category of primary need for pupils with a statement/EHCP. 15.4% of pupils are identified as requiring SEN support without having a statement/EHCP. Fewer than 5% of these have ASD identified as a primary need.

In Wolverhampton children and young people with ASD are educated in a range of settings, both mainstream and specialist. Wolverhampton has one special school designated for pupils with ASD as a primary need. There is also a specialist nursery/ KS1 school designated for pupils with ASD or severe learning difficulties. Across all Wolverhampton's special schools there are 105 pupils identified with ASD as a primary area of need, and 56 with ASD as a secondary need. ASD is identified as a category of need for approximately one fifth of the 760 pupils in Wolverhampton special schools.

There is significant variation in the way that children and young people with autism are

affected by their condition. Approximately half have additional learning difficulties, which may sometimes be severe. Others will not have learning difficulties and some may have very advanced cognitive skills. Language skills of children and young people with autism can also vary greatly. For some, spoken language is extremely limited or absent altogether, meaning that they require augmented or alternative methods of communication to help them to understand others and express themselves. Other children and young people with autism may be very fluent talkers, but have difficulties with their use of language in social contexts. Children and young people with autism are also more likely than their peers to experience other developmental conditions such as dyspraxia or attention deficit hyperactivity disorder.

The prevalence of autism and the significant variation across the autism spectrum has implications for education. Firstly, all schools are likely to include pupils on the autism spectrum. Second, however, a “one size fits all” approach to education for pupils with autism will not be appropriate.

There are a number of different evidence-based approaches and frameworks for teaching children and young people with autism. Research does not support the primacy of one approach over others, and tends to suggest that individualised approaches based on the child or young person’s needs, incorporating certain core features is most appropriate.

The Autism Education Trust² has undertaken research into good practice in education for

children and young people with autism. They identified eight themes or features that were important to ensuring good education for pupils with autism:

- High ambitions and aspirations
- Monitoring progress
- Adapting the curriculum
- Involvement of other professionals/ services
- Staff knowledge and training
- Effective communication
- Broader participation
- Stronger relationships with families.

When a child or young person’s needs relating to autism are first identified, it is important to ensure a robust, effective and consistent graduated response to meeting those needs. Research shows that access to specialist approaches and expertise are more important in ensuring good education for pupils with SEND than whether pupils are taught in specialist or mainstream provision³. It is important to ensure that all educational settings are aware of good practices for supporting pupils, are able to implement these, and are able to access appropriate specialist support (including outreach and therapies) to enable children and young people’s needs to be met as early and as locally as possible.

In addition to the difficulties that children and young people with autism may experience in accessing learning, research suggests that they are more likely than others to experience exclusions from school (both formal/legal exclusions and illegal exclusions)⁴. Pupils with

autism are also more likely to experience bullying⁵. Therefore, it is a challenge to ensure not only that pupils with autism receive the right support to enable them to access learning and make progress, but also to ensure that they do not experience social exclusion.

There are a small number of children and young people with autism in Wolverhampton with the most complex needs, who may display behaviour that can be challenging, where it has been difficult to make effective educational provision within the city. Some of these pupils will have had a number of different educational placements before the right solution is found. For some their complex needs may make it difficult for them to remain at home all the time, so a residential educational placement is required. It is a challenge to ensure that the right support is available to intervene early when complex needs are identified, to build as much capacity as possible at home and in the school, and to ensure that there is local provision that can meet these pupils’ needs.

Leaving school and progressing into further and/or higher education, and on into employment can be a significant challenge for learners with autism. In addition to the academic skills to make these transitions, young people will need to develop social and independence skills to enable them to cope with less structured environments and a broader range of relationships.

People with Autism may require support throughout their life in order to obtain and retain paid work. This support and those who will provide it are shown on the Wolverhampton Supported Employment pathway on the Local offer.

Support is required in schools and at home to raise the possibility of employment with young people. This must be built on as part of Education Health Care plans using vocational profiles, Connexions service involvement and work experience opportunities.

After school each person should have an individual plan to support them towards paid employment and this may involve further training, work experience, an internship and support from job coaches.

Priorities

Priority 1: Support all educational settings to be autism aware and autism friendly settings, and embed a consistent, evidence-based graduated response to supporting the needs of pupils with autism when these are first identified.

Priority 2: Review of SEND educational provision across the city to ensure the availability of inclusive options and in-city provision across the full spectrum of need.

Priority 3: Ensure sufficient and consistent access to specialist support services, including outreach and therapies, for all children and young people with autism in all educational settings.

Priority 4: Review approaches to education and access to specialist support to ensure that all children and young people access a range of evidence-based approaches and interventions.

Priority 5: Work with employment and Access to Work to support people with autism to employment.

¹ DfE (2015). *Statistical First Release: Special Educational Needs in England: January 2015*. London: Department for Education.

² Autism Education Trust (2011). *What is good practice in autism education?* London: Autism Education Trust.

³ OFSTED (2006). *Inclusion Does it matter where pupils are taught?* London: OFSTED.

⁴ National Autistic Society (2003) *Autism and Education: the on-going battle*. London: NAS.

⁵ Humphrey and Symes (2010). *Perceptions of social support and experience of bullying among pupils with autistic spectrum disorders in mainstream secondary schools*. *European Journal of Special Needs Education* - Vol. 25 (1), 77–91.



Objective 6

Keeping Healthy

Outcomes

People with autism are able to access mainstream primary, acute and specialist health care as required

Children and adults with autism detained or at risk of being detained in secure care are supported by the Transforming Care Programme.

National data indicates that 1 in 3 people with autism will also experience mental health issues. Mainstream health services, including primary acute and mental health should be accessible to all, including those living with autism.

The Wolverhampton Local Transformation Plan for children and young people's mental health and wellbeing is the plan that is driving the reshaping of mental health services for children and young people, and will support young people with autism who are require support with their mental health.

The plan's ambition is to develop and deliver appropriate and bespoke care pathways and evidence based intervention for vulnerable children and young people, ensuring those with autism are not turned away from services and ensuring that they receive care as close to home as is possible.

The NHS England Transforming Care Programme is a new delivery plan which was launched in October 2014 with actions taking place nationally, regionally and locally, each with the intention of making significant longer term improvements which enhance the quality of life for people with learning disabilities and autism who are either at risk of becoming an

inpatient or already an inpatient in specialist local mental health hospital, or low, medium or high secure provision.

With a new target of reducing the learning disability and autism inpatient population by 50% by April 2015, CCGs were asked to organise a new programme of reviews. These reviews are called Care and Treatment Reviews (CTRs). They are organised and chaired by the lead commissioner, each is expected to last a full day and comprises of a team including representation from both the local authority and CCG, an independent expert and an expert by experience (a person with a learning disability or a family carer). Each review is expected to consider:-

1. Is the person safe?
2. Is the care and treatment the person is getting good?
3. What are the plans for the future (discharge planning)?
4. Does this person need to be in hospital now?

Wolverhampton has now embedded a system of Care and Treatment Reviews to occur wherever possible pre-admission or as soon after admission as is possible. This will enable all stakeholders to work together to ensure that outcomes are clear and that clear processes are in place to enable effective assessment, treatment and discharge planning for all young people and adults with autism who require specialist health services.

Priorities

Priority 1: To ensure that all young people and adults with autism have a Care and Treatment review prior to any admission to specialist health care establishments.

Objective 7

Living well and Increasing Independence (Keeping Safe Criminal Justice, Housing Support,)

Outcomes

To reduce the vulnerability and risk of harm to individuals with autism by creating an autism friendly city.

People with autism are appropriately supported with reasonable adjustments through the criminal justice system whether they are victims, witnesses or suspected of committing a crime.

People with autism who have or who might be at risk of coming into contact with the criminal justice system have access to specialist multi-disciplinary health and social care support and have their needs reviewed regularly.

People with autism and their families have clear information & advice about housing options, including financial information to support financial capability among people with autism and how to manage personal finances and household budgeting.

There is a reduction in the number of people with autism living in residential care because there are a range of other housing and support options available for them.

Keeping Safe - Community safety is a key issue for people with autism. People with autism are more likely to become victims of crimes, bullying (school, workplace, public), hate crime, exploitation (sexual and criminal) and different forms of abuse. Safeguarding children and adults who may be vulnerable is a priority in Wolverhampton. This includes

protecting people with autism and their carers within the city or placed out of area.

Independent advocacy, including peer advocacy, is a key way of ensuring safety and support for people living with autism. Some areas have developed a Safe Places scheme which has given people with autism more confidence in the community. The Safe Places scheme in Wolverhampton is designed to support people with a learning disability, however there is scope to extend and develop the scheme to include people with autism.

Criminal Justice – It was identified in “Fulfilling and Rewarding Lives: Evaluating Progress 2011” - adults with autism can face particular difficulties if they come into contact with the criminal justice system. In some cases, this reflects an adult with autism reaching a crisis point. In some others, incidents occur or escalate largely or partially as a result of social and communication difficulties: had the situation been handled differently – and the individual’s autism been recognised – the outcome may have been different.

What’s more, once in the system, adults with autism may make their situation worse through their behaviour – for example, struggling to respond in interviews.

This continues to be an issue in 2015 and further support and joint working with Police and probation services is required to improve the situation for people who come into contact with the criminal justice system.

Housing - When exploring housing options for people with autism, the location of local accommodation and support is an important factor which needs to be considered.

People with autism should be offered a range of housing options including shared living

models, as not everyone wants to live alone. It is important that housing and support providers understand the housing needs of people with autism and these are taken into account in housing plans, applications and allocation processes. The Wolverhampton Housing Strategy recognises the housing needs of vulnerable people and is committed to providing a range of housing options, and support to enable vulnerable and disabled people to live independently in our City.

Families of children and young people with disabilities including autism identified that the lack of accessible and affordable transport in the city is a key barrier to them using all of the sports leisure and recreational activities available as a family, and is a barrier to them being active citizens in the city. Adults with disabilities report feeling vulnerable on public transport and this also prevents them going ‘out and about’.

Priorities

Priority 1: *Provide appropriate advice to individuals, carers, staff teams, schools on staying safe by promoting the city’s Safe Places scheme with individuals, carers and more generally within the community.*

Priority 2: *Undertake vulnerability assessments on premises for those living independently.*

Priority 3: *Ensure that the local health and social care services know children and adults with autism who have or who might be at risk of coming into contact with the criminal justice system and ensure that they have access to the same services as the general population (including prevention teams, youth offending teams, liaison and diversion schemes, troubled families schemes and programmes*

such as those for drug and alcohol misuse) in addition to specialist multi-disciplinary support where appropriate.

Priority 4: *Work with the Housing Options Team and the Housing Strategy Team to increase the housing options available for people with autism.*

Objective 8

Support for families, parents and carers

Outcomes

Families feel supported to continue in their caring role.

Short breaks providers are skilled to support people with autism.

Carers must be respected as expert care partners and have access to the integrated and personalised services they need to support them in their caring role, and carers need to be supported to stay mentally and physically well and be treated with dignity.

Families, parents and carers say that they want access to good quality information that is provided in a timely way, that is easy to find and relevant to their circumstances.

Parents of children and young people with autism in the city can access the Information Advice and Support Service. Every Local Authority has to provide an Information, Advice and Support Service. This is a statutory requirement, set out in the Children and Families Act 2014.

The Information, Advice and Support Service offers free and impartial information, advice and support on matters relating to a child or young person's special educational needs or

disability including autism from birth to 25 years.

They offer information, advice and support about:-

- Education, health and social care matters and relevant law
- Support available in schools, early years and post 16 settings
- Funding arrangements
- How needs are identified and met
- Disagreements and moving forward
- Exclusion from school

Based on a family's circumstance the team can offer individual support which may include:

- Support at and preparing for meetings
- Help to understand and complete paperwork
- Help to participate in discussions and decision making
- Liaising with other services and organisations
- Looking at positive outcomes

The Information, Advice and Support Service can offer support to families until their family member is 25, which importantly means that families are supported through the transition period.

The Council also has a duty to provide short breaks provision for disabled children and their families, as part of the Children's Act 2008, this includes children with autism. The City Council with the Clinical Commissioning Group funds a range of short breaks services to support parents and carers. These services are provided either in the community, the family home, a residential unit or via a

direct payment.

Under the Care Act 2014, carers are entitled to an assessment of their needs in their own right. However, any assessment of carers' needs must be integrated with any services which are to be provided for the person they care for.

Carers often describe feeling isolated, and unsupported. Local peer support groups have proved successful in providing low level support for carers that enable them to continue in their caring role and build social networks.

Wolverhampton Council is in the process of developing a Joint All Age Carers Strategy which will be launched in June 2016.

Following consultation this five year strategy will outline the council's approach to supporting unpaid carers of people with Autism.

Priorities

Priority 1: *To work with the Third Sector to develop opportunity within communities to arrange support groups and local and informal networks.*

Priority 2: *To make sure carers of people with autism are offered a carers assessment.*

Priority 3: *To make sure that the parents and carers of people with autism are encouraged and supported to influence and shape future services.*

Conclusion

As mentioned throughout the strategy, how autism is experienced and impacts on an individual can be very varied. It is therefore really important that individuals can access the right support at the right time for them. Whilst producing this strategy, a number of themes emerged. It is clear that people wanted much more awareness and understanding about autism in the community at large and amongst professionals and services. Increased awareness and understanding underpins many of the other themes identified, such as equality of access to services and opportunities, proactive interventions and social inclusion. Specialist themes included the need for a single clear diagnostic pathway, which is something both professionals and people living with autism have called for.

Next Steps

In order to make sure that this draft strategy responds to the needs of people with autism and their family carers/ parents, it will be subject to a period of consultation. The main focus of this consultation will be an Autism Strategy workshop close to National Autism Day on 1st April 2016.

In recognition that people with autism need support from both specialist services and access to universal services that underrated the needs of people with autism, it is proposed that an Autism Action Alliance group is established. This group will have responsibility for the delivery of the strategy and will be made up of a range of stakeholders including people with autism, parents, family carers, and any other organisation that can support the delivery of the strategy. As this is a wide ranging strategy that affects numerous people and organisations, considerations should be given to the appointment of an independent chairperson to chair the Autism Action Alliance. This proposal will also form part of the consultation.

Glossary

Advocate - An advocate is someone who works with someone to identify what they want, and speaks up for them if they have difficulty doing so themselves

Assessment - The way of working out what a person's needs are.

Carer - A person who provides unpaid support to a partner, family member, friend or neighbour who is ill or disabled who could not manage without this help.

Co-produce - When you as an individual are involved as an equal partner in designing the support and services you receive.

Commissioning - How services are planned and paid for and checked that they are of good quality.

Consultation - To seek information/views from people about a topic or theme.

Criminal Justice System - The system through which people are dealt with who are suspected or found guilty of committing a criminal offence.

Diagnosis - The process of finding out the nature and cause of a medical condition through looking at a patient's history and through carrying out medical assessments.

Direct Payments - A Direct Payment is money your local authority can give you. It is a different way of getting the support you need. You use it to buy the support you want. Social Services give you the money instead of a service. You spend the money on getting the support you need.

Eligibility - When your needs meet your council's criteria for council-funded care and support. Your local council decides who should get support, based on your level of

need and the resources available in your area. The eligibility threshold is the level at which your needs reach the point that your council will provide funding. If the council assesses your needs and decides they are below this threshold, you will not qualify for council-funded care.

GP - General Practitioner: A doctor whose practice is not limited to a specific medical speciality but instead covers a variety of medical conditions in patients of all ages.

Outcomes - In social care, an 'outcome' refers to an aim or objective you would like to achieve or happen – for example, continuing to live in your own home, or being able to go out and about. You should be able to say which outcomes are the most important to you, and receive support to achieve them.

Personal Budgets - An amount of money allocated to meet a person's needs identified through a person's self or supported assessment and support plan. This may combine resources from different funding streams to which the individual is entitled but is most often related to meeting social care needs.

Residential Care - Care in a care home, with or without nursing, for older people or people with care disabilities who require 24-hour care. Care homes offer trained staff and an adapted environment suitable for the needs of ill, frail or disabled people.

Safe Places Scheme - Safe Places are local community places e.g. shops, libraries, cafes which have been set up to help people if they are feeling vulnerable or unsafe by supporting them to call for help from parent/carer or police.

Safeguarding - Making sure that adults who may be at risk of harm are not being abused or neglected.

Sensory - Problems with working out sensory information such as sounds, sights and smells.

Signpost - Pointing people in the direction of information that they could find useful.

Strategic Objective - A goal or action which are set to achieve a plan (Strategy)

Strategy - A plan

Supported Living - Where people live in their own home and receive care and/or support in order to promote their independence.

Transition - The process of change a person goes through, for example growing from childhood into adulthood. For people with disabilities this process of reaching adulthood can mean changing the services from which they receive support and this can take place over a long period.

Wolverhampton Information Network - Online webpages with information about local organisations, groups and agencies that provide activities, advice, services to people who are looking for services & support.

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