



OVERVIEW & SCRUTINY COMMITTEE

REPORT

Subject Heading:	Adults with Autism – Havering’s Plan
CMT Lead:	Lorna Payne – Group Director Adults & Health
Report Author and contact details:	Bob Morgan – Service Review Service Manager
Policy context:	<ul style="list-style-type: none">• The Autism Act 2009• National Strategy for Autism 2010• Statutory guidance to Local Authorities and NHS organisations to support the implementation of the Act (2010)• Valuing People Now (2009)

SUMMARY

- 1.1 Last March this committee received a report outlining details of the national strategy for adults with autism in England, and the statutory guidance for Local Authorities and NHS organisations to support the implementation of the strategy.
- 1.2 The report also outlined the key priorities for the first year of the national strategy and work to develop a local autism plan. This report updates the committee on progress and attaches the draft plan in both long and easy read formats.

RECOMMENDATIONS

- 2.1 Members are asked to note the content of this report

REPORT DETAIL

- 3.1 The background to this report was set out in the previous report to this Committee in March 2011.
- 3.2 Following the last report a working group drawn from the local partnership was formed to pull together the local plan. An initial draft was prepared and then subjected to a limited internal consultation. Following this an Easy Read version was prepared. This and the final draft was then presented to the Learning Disability Partnership Board on the 16 September 2011. This meeting agreed these documents for a broader consultation. This consultation is due to end at the end of January 2012 but with a workshop event planned for February to look at the final document.
- 3.3 Copies of the Consultation draft and the Easy read Versions are attached for members information as Appendices A & B.

IMPLICATIONS AND RISKS

Financial implications and risks:

- 4.1 The plan sets out the resource implications of the actions proposed. The direct costs are either to be met within existing resources, the Workforce Development Budget or from the specific Development Budget which will meet the costs of the new Development post and has funded the Easy Read version of the plan. Discussions are ongoing with neighbouring boroughs about the potential to share resources in this area.
- 4.2 The plan also acknowledges that this is an area where there is currently unmet need and that improvements in assessment and provision may give rise to increased demand. This is a risk but it is the current judgement that early and appropriate intervention and support will avoid very expensive longer term requirements which would otherwise fall to the Council to support. Careful monitoring of demand will need to ensue to ensure any financial implications arising are addressed on a timely basis.

Legal implications and risks:

- 5.1 Pursuant to Section 3 of the Autism Act 2009, a Local Authority must treat the guidance issued by the Secretary of State under the Autism Act as if it were issued under Section 7 of the Local Authority Social Services Act. This means that Local Authorities must “follow the path charted by the guidance, with liberty to deviate from it where the authority judges on admissible grounds that there is good reason to do so, but without freedom to take a substantially different course.”

Local Authorities and NHS bodies must not only take account of this guidance, but also follow the relevant sections or provide a good reason why they are not doing so e.g. they can prove that they are providing an equivalent or better alternative. Lack of sufficient resources would not necessarily constitute a good reason.

Otherwise there are no apparent legal risks from noting this Report.

Human Resources implications and risks:

6.1 The plan sets out training and staff development requirements. These will be planned and delivered within the overall Adult Social Care Workforce Development Strategy. Staff will require development across a wide range of relevant areas in order to positively engage with the modernised service model being implemented. This will need to be planned carefully and implemented in a timely way in order not to overload staff and/or detract from service delivery.

6.2 The Development Officer post is a time limited post. It has been evaluated under the Council's job evaluation processes. Arrangements are being finalised around work location and line management. This is particularly important if this becomes a shared resource with other Local Authorities.

Equalities implications and risks:

7.1 Please see the attached Equality Impact Assessment.



EQUALITY ANALYSIS
(2011 version)

LONDON BOROUGH OF HAVERING EQUALITY ANALYSIS

Autism Plan

SCOPE OF PROPOSAL

- 1. What is the scope and intended outcomes of the activity being assessed; in terms of both the Council's organisation and staffing, and services to the community?**

1 (a) Organisation and Staffing

The Autism Plan will impact broadly across the Council's organisation and staffing as it commits the Council to:

- 1) Providing general autism awareness training for everyone working in health and social care
- 2) Providing specialised training for staff working in key roles – such as GPs, those responsible for conducting community care assessments, and those in leadership roles locally.
- 3) Working across the organisation and with partner organisations to extend Equality & Diversity training to explicitly address the needs of people with Autism.

1 (b) Services to the Community

The broad impact of the plan is to improve the response of all services (& partner's services) to the needs of people with Autistic Spectrum disorders. The aims of the Havering Autism Strategy are:

- Increased awareness and understanding of autism across all public services.
- Development of a clear, consistent pathway for diagnosis of autism
- Assessment of need leading to improved care pathways of services and support
- Providing guidance on the reasonable adjustments that might usefully be made to improve the delivery of services and communication with adults with autism.
- Helping adults with autism into employment
- To enable local partner organisations to develop relevant services for adults with autism to meet identified needs.

These aims are expected to lead to improved outcomes around Employment, Health, Social Inclusion and Housing for a significant number of individuals on the autism spectrum who are currently seriously disadvantaged from engaging in mainstream activity by nature of their condition.

It will also specifically impact on Adult Care Services and how this service supports people with Autistic Spectrum disorders.

PEOPLE AFFECTED

- 2. Which individuals and groups are likely to be affected by the activity?**

2 (a) Staff Individuals and Groups

All staff will be affected but specific emphasis will be on those undertaking Community Care Assessments.

2 (b) Community Individuals and Groups *(including voluntary organisations)*

The major benefit should be to individuals on the Autistic Spectrum and their families and carers. National data suggests that autism occurs in 1 in every 100 of the population. Most of these individuals are undiagnosed and therefore their autism is not recognised, all but those individuals who have classic autism, i.e. autism with a severe learning disability, may be unknown to social services or else are being treated for other conditions. Therefore a significant number of the population are receiving little or no specialist support.

Those voluntary groups who benefit from Awareness or Equality & Diversity Training will also benefit by assisting them to provide more inclusive services and organisations.

DATA AND INFORMATION

- 3. What data/information do you have about the people with ‘protected characteristics’** *(age, disability, gender, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, sexual orientation)* **or other socio-economic disadvantage** *(e.g. disabled and part-time workers, low income and/or lone parents (mothers and fathers), looked-after children, other vulnerable children, families and adults)* **among these individuals and groups? What information do you have about how they will be affected by the activity? Will you be seeking further information in order to assess the equalities impact of the activity? How is this information being used to influence decisions on the activity?**

3 (a) Staff

Currently we have no knowledge of the extent of people with Autistic Spectrum disorders within the workforce. The plan should assist in extending the opportunity for those individuals to obtain work both within this organisation and more broadly.

3 (b) Community

The plan lays out our current knowledge of the local demographics regarding Autism. It sets out a programme to improve our knowledge in this area.

CONSULTATION

- 4. If no data and information is available about the groups likely to be affected by the activity, how would you inform your EA? Will you be considering carrying out some consultation to inform your EA?**

4 (a) Staff

4 (b) Community

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Consultation has been undertaken on the Plan in two stages. Firstly through the professional network and more recently under the auspices of the Learning Disabilities Partnership. This consultation will inform the final plan.

LIKELY IMPACT

5. **Based on the collected data and information, what will be the likely impact of the activity on individuals and groups with protected characteristics or other socio-economic disadvantage?**

5 (a) **Staff**

5 (b) **Community**

The plan is fundamentally about providing improved and more appropriate support to people with Autistic Spectrum disorders who engage with the Council or its partners. The plan will have a positive impact on people with Autistic Spectrum disorders who are currently members of the workforce or who may become members of the workforce.

National data also suggests that there are no significant cultural or ethnic variances in the prevalence of autism, although there is a slightly higher rate of autism diagnosis within the south Asian community. using national data we can generally expect that more men than women will be affected given that studies have shown the rates of ASD are higher in males (studies vary but the ratio between men and women is generally placed any where between 1.2:1 to 3:1).

6. **What is the likely impact on arrangements for safeguarding children and/or safeguarding vulnerable adults?**

6 (a) **Vulnerable children**

6 (b) **Vulnerable adults**

A greater awareness of the issues arising from Autism should be helpful in planning and dealing appropriately with situations that arise

PREVENTING DISCRIMINATION

7. **If any negative impact is identified, is there a way of eliminating or minimising it to reasonable level? If not, how can the negative impact be justified?**

7 (a) **Staff**

7 (b) **Community**

No negative impact identified.

PROMOTING EQUALITY

8. **How will the activity help the Council fulfil its legal duty to advance equality of opportunity in the way services are provided?**

8 (a) **Staff**

8 (b) **Community**

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It will assist staff to understand the needs of people with Autistic Spectrum disorders and how reasonable adjustments can be made. It will improve the knowledge of need in this area and will clarify responsibilities and pathways for the provision of services.

SPECIFIC NEEDS

9. What actions will you be taking in order to maximise positive impact and minimise negative impact from the activity?

9 (a) Staff

9 (b) Community

The plan itself is the vehicle for achieving this.

MONITORING AND REVIEW

10. Once implemented, how often do you intend to monitor the actual impact of the activity?

10 (a) Staff

10 (b) Community

The plan contains targets and dates which will be monitored through the Management assisted by the Working Party on a regular basis. The plan itself will need to be reviewed after April 2013.

SIGN OFF AND PUBLICATION

11. When completed, the Equality Analysis needs to be signed off by the Head of Service. Once signed off, it should be forwarded to the Directorate Equality Analysis Web administrator to publish it on the council's website.

HEAD OF SERVICE

Name:

Date:

Signature:

APPENDIX A

Helping Adults with Autism in Havering

The Plan – draft for consultation

“Adults with Autism, and their families, face many barriers in their every day lives and in accessing the services and support they need.” DoH Autism Strategy

The Government’s national autism strategy builds on existing policy aimed to transform the way in which public services are planned, commissioned and delivered. To deliver ‘personalised’ services that give each individual the right support to live a more fulfilling life.

Havering is transforming its Adult Social Care Services to meet the requirements of ‘personalisation’. In the context of people with disabilities, including autism, this is based around the concept of ‘person centred planning’. The changes include:

- putting the person in the driving seat
- keeping them connected to their local community
- give them a personal budget
- let them control their support

As well as giving people more choice over the care and support services they access, it also encourages a culture of innovation and joint working amongst local partner agencies, to provide support that goes beyond that of traditional social care services.

Adults with autism will need additional support to make choices about their care, and that choice will only be meaningful if there are suitable services and support available locally. This will of course take time to develop. But there are examples of how this is working elsewhere, and we can draw on these.

Local Leadership

“To value and enhance the life of every individual”

In its Living Ambition Vision for Havering the Authority sets a clear ambition for every individual within the Borough. As part of this commitment it states that the quality and range of services provided to Havering's most vulnerable residents will be second to none across London. These services will be appropriate to the needs of individuals and their delivery will be personalised. Residents of all ages and all backgrounds will feel equally engaged with the decisions that affect them, and equally valued by their community. The vision is for all people in Havering to live as independent and fulfilling lives as is possible based on choices that are important to them and within the resources available.

This Plan is the first step in trying to achieve this Ambition for people with Autism within Havering. Individuals with autism should be treated as individuals, and wherever possible their needs recognised and met through mainstream services. This will require the adoption of reasonable adjustments in order to remove barriers. Where additional support is needed we will focus on individuals and outcomes and empower users to make choices and exercise control. Our role will not be to ‘do this to people’ and create a dependency but to listen and to work alongside people who would be at risk without support and to make resources available to enable them to exercise choice.

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The significant reduction in budgets over the next 4 years will be challenging but it does also provide the impetus to reshape our role focusing more on prevention and enabling people to live in their own homes and in their own neighbourhoods - which is the preferred choice of most people.

We will increase independence by investing in prevention; by signposting and providing information and advice for people who need services and by investing in services to help people develop confidence and independence. We also recognise the need to build capacity in our communities to strengthen voluntary and family support and to prevent, wherever possible, the need for institutional care. Communities must be free to run innovative local schemes and build innovative networks of support” and, in Havering, we intend to create the environment for this to happen whilst not forgetting our ‘duty of care’ to all our citizens.

Our Plan focuses on four areas where health and social care bodies can practically change the way they support adults with autism – increasing understanding of autism amongst staff, strengthening diagnosis and assessment of needs, ensuring adults with autism are included within local service planning and continuing to improve transition support for young people with autism. The actions outlined draw on best practice that has emerged across the UK.

In order to ensure that this plan is given the resources to take it forward it has been agreed that £100K development budget will be provided over each of the next two years. This money will initially be utilised to employ a Development Worker.

Actions:

Responsibility for planning and commissioning services for adults with autism will be explicitly included in the Job Descriptions (J.D.'s) for the Head of Adult Social Care; Service Manager for Learning Disability and the Learning Disabilities Joint Commissioner. Reference should also be included in J.D.s the Heads of Mental Health social care and relevant Heads of Health Services.

Resources – within existing

Timescale – by September 2011

A Development Officer will be employed with specific focus on taking this plan forward.

Resources – from the development budget

Timescale – by December 2011

Given that all local health and social care economies will be facing the same challenges there is likely to be significant scope for co-operative arrangements. The lead officers should explore the potential for this linking with local voluntary organisations and with Heads of Adult Social Care in the Outer North East London sector.

Resources – within existing

Timescale – by December 2011

We will seek commitment to and reinforcement of the need for reasonable adjustments for people with Autism across the Local Area Partnership through reference to the Health & Wellbeing Board.

Resources – within existing

Timescale – by March 2012

We will invite people with ASD and other stakeholders – Carers, Job Centre plus (Work Choice Programme/Access to Work) Vol Sector (NAS – Prospects - PACT) etc. to establish a local forum where our plans can be discussed and developed.

Resources – within existing

Timescale – by December 2011

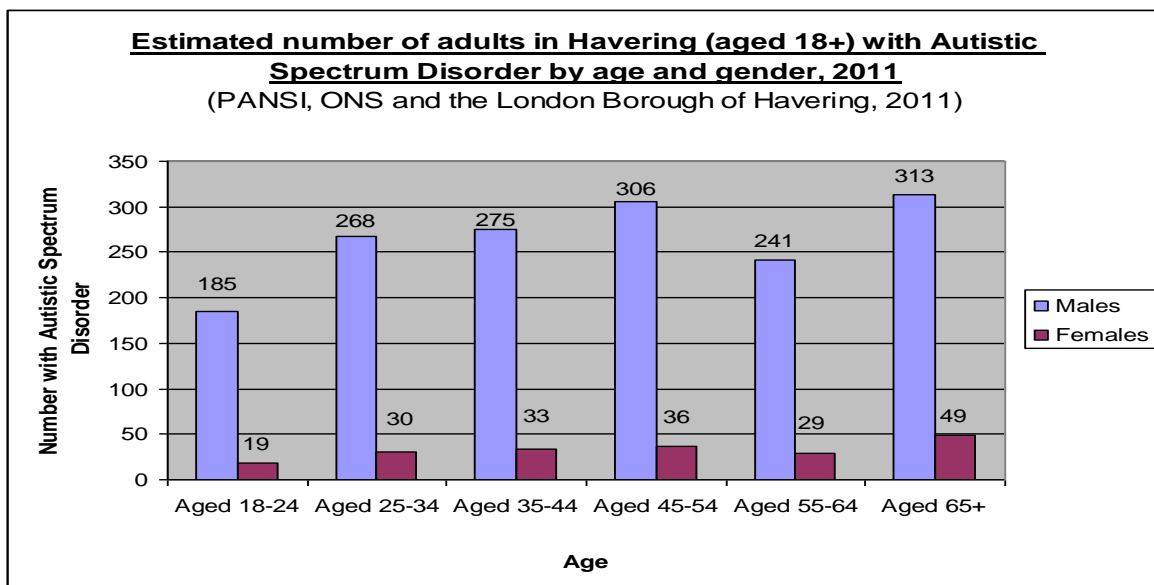
Submit this plan before finalisation to the Learning Disabilities Partnership Board and the Havering Local Implementation Team (LIT)

Resources – none

Timescale – by September 2011

Understanding Local Needs

Local Work has been undertaken to research the numbers of individuals with Autism within Havering. A summary of the findings is set out below.



- Between 2329 and 2600 individuals are estimated to have Autistic Spectrum Disorder in Havering in 2011 (Of these, between 1864 and 2001 are estimated to be male, and between 465 and 599 female)¹.
- Between 543 and 814 of these individuals are estimated to be young people (aged 0-18)².
- Between 62 and 93 of these individuals are estimated to be undertaking transition to adult services during the next few years (currently aged 15-18).
- It is estimated that between 1164 and 1300 people in Havering have both ASD and IQ in the average to high range³.
- The numbers of individuals with ASD is projected to have a small rise year on year by up to 10% by 2030.

¹ PANSI (2011), and the London Borough of Havering (2011)

² Department of Health and the Learning Disabilities Observatory (2011), The Estimated Prevalence of Autism among Adults with Learning Disabilities in England, prevalence rates for children applied to Office of National Statistics (2008) population estimates for Havering

³ The National Autistic Society, 2011, <http://www.autism.org.uk/about-autism/some-facts-and-statistics/statistics-how-many-people-have-autism-spectrum-disorders.aspx> applied to ONS (2008) population estimates for Havering

Service Use Among People with Autistic Spectrum Disorder in Havering

- Of the services included in this research, the psychiatry team within the Community Learning Disabilities Partnership and schools appear to have the most contact with individuals with Autistic Spectrum Disorder (ASD).
- However less than 10% of Adults with ASD are in contact with services
- The difference between the number of people estimated to have ASD in Havering and the number actually recorded as using services could be for a number of reasons. Possible reasons include: services not recording users as having ASD, services not recognising that a person has an ASD, individuals not receiving a diagnosis of ASD, individuals with ASD purchasing privately provided services or using third sector services, prevalence being an over-estimate, or individuals with ASD not using or not being able to access services provided. Consultation with those with ASD, service providers and other stakeholders could help explore these reasons.
- The numbers of those with ASC using day opportunities and remaining in school past the age of 16 appear particularly low (but again, this could reflect how information is captured etc rather than true service use)

Generally those receiving service are likely to have learning disabilities or other additional needs. Many people with Asperger Syndrome or High Functioning Autism (HFA) may be able intellectually, but have need of support from services, because the degree of impairment they have of social interaction hampers their chances of employment and achieving independence. NB: The NAS report 'Don't Write Me Off' published in 2009 found that only 15% of people with an ASD were in full-time employment and that 82% of people with ASD who had applied for benefits needed support to apply.

Un-Met Needs and Additional Needs (Comorbidity)

- Anecdotal feedback from services spoken to about the un-met needs of people with ASC suggested the following was needed:
 - Greater awareness of ASD in residential care homes,
 - Staff training around communication, support and understanding for those with ASD,
 - More day opportunities for those with ASD, such as a specialist service which could address needs which may be difficult to meet in non ASD specific day centres. Examples include managing noise levels, having suitable space and décor, capacity to provide 1-2-1 support to help the individual cope with change and assimilation particularly in transition from children's to adult's services, supporting individuals to develop coping mechanisms and understanding the communication aids which most help individuals.
 - This feedback is based on comments from a small number of individuals and would need to be supplemented with views from a wider group of individuals at stakeholder events to allow recommendations for action to be developed.
- Research suggests that around 70% of those with ASD have an additional psychiatric disorder (NICE, 2011⁴). For children in Havering, the most common additional needs for those with ASD are speech language and communication needs, followed by moderate learning disabilities and emotional and social difficulties. No comprehensive local source of information was found about additional needs of adults with ASD in Havering.

⁴ NICE (2011), Autistic spectrum disorders in children and young people: draft full guidelines

Actions:

As part of future work on the JSNA undertake research on reasons for the disparity between current service use and overall population numbers.

Resources – within existing

Timescale – by April 2012

In addition, it will also be valuable for local authorities to collect information about the numbers of adults with autism who are:

- o **in employment in the area**
- o **likely to need employment support in order to work**
- o **placed in the area (and funded by) other local authorities**
- o **placed out of area by local authorities**
- o **in hospital or living in other NHS-funded accommodation**
- o **resettled from long-stay beds or NHS residential campuses to community provision**
- o **living at home on their own, or with family members, and not receiving health or social care services, or**
- o **living with older family carers.**
- o **information about the ethnicity, gender, religion or belief and sexual orientation of adults with autism**
- o **subject of crime or dealt with through the criminal justice system**

Resources – within existing

Timescale – by April 2012

Ensure that where a diagnosis of Autism exists that this is recorded as part of the client record and that a central database or recording system be the long-term goal.

Resources – within existing

Timescale – by April 2012

Making the Difference – ADAPT to change

Our plan concentrates on actions in the four areas where health and social care bodies can practically change the way they support adults with autism. These are Awareness, Diagnosis & Assessment, Planning and Transition. These can be simply remembered by the Acronym ADAPT.

1. Awareness

Government guidance makes it clear that the most fundamental step towards improving services for adults with autism is to increase awareness and understanding of autism across all public services. Increased awareness and understanding of autism will provide the foundations for the broader changes sought to the way services are provided, planned and delivered.

This plan covers three distinct objectives:

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- 4) Providing general autism awareness training for everyone working in health and social care
- 5) Providing specialised training for staff working in key roles – such as GPs, those responsible for conducting community care assessments, and those in leadership roles locally.
- 6) Working across the organisation and with partner organisations to extend Equality & Diversity training to explicitly address the needs of people with Autism.

In developing our response it is planned that as far as possible that these actions should be cooperatively taken across Health and Social Care.

Actions

Identify lead Training Co-ordinator and ask them to develop a range of approaches in developing a cost effective training programme across Health and Social Care. (On line; DVD; Co-operative approaches; Workplace based action based training etc.)to meet the outcomes set out in this section. As far as possible these developments should involve local people with Autism and their carers both in the planning and delivery. Resources – within existing workforce development budgets Timescale – by September 2011

Provide a prioritised training programme, involving people with ASDs in delivery, for all health & social care professionals & frontline staff to assist them to identify potential signs of autism and understand how to make reasonable adjustments in their behaviour, communication and services for people who have a diagnosis of autism or who display these characteristics Resources – within existing workforce development budgets Timescale – by April 2012

Identify staff in key roles in order to have clear expertise in Autism in all key areas and support them to develop the necessary expertise. Resources – within existing workforce development budgets Timescale – by January 2012

Work with all key partners to embed Autism awareness within Equalities & Diversity training programmes and Equality & Diversity Impact Assessment processes. Link with NAS Prospects employment service to consult about training for JobCentre/ employers. Resources – revisions to existing programmes Timescale – by April 2012

2. Diagnosis & Assessment

For many adults, receiving a clinical diagnosis of autism is an important step towards a fulfilling life. Diagnosis is not a goal in itself. Instead it is one part of an integrated process which should lead to adults with autism being able to access the services and support they need.

National Institute for Health and Clinical Excellence (NICE) is developing a new clinical guideline for adults with autism. This is scheduled to be published in July 2012 and will set out a model care pathway (or pathways), which will form the foundation for local commissioners to develop referral and care pathways in their areas. As part of this, NICE will consider how to make the diagnostic process more accessible and consistent. In advance of this guidance we need to begin to look at how we respond locally. To this end we need to agree to appoint a lead professional, who will be responsible for this development.

Actions

Identify a lead Professional who will be responsible for the development of a diagnostic service locally. As an initial task this person should ensure a mapping of the current pathways is undertaken.

Resources – within existing

Timescale – by April 2012

That a diagnosis of Autism should be recognised as a trigger for a person-centred assessment or reassessment of need. Both Social Care and the Individual should be informed of this directly a diagnosis is made. If the individual is under 18 then the responsibility will be with Children's Services. Where an individual is already known to a service they should take the lead. If there is a dual diagnosis then the most appropriate service should take the lead. In the absence of any of the above the lead should be with the Learning Disability Team. Assessments should reflect unmet need as this will be powerful in shaping future provision.

Resources – The scope to strengthen care management resources within the Learning Disabilities Community Team need careful examination as there is likely to be an increasing demand for assessments.

Timescale – by September 2011

Assessment processes and forms should be reviewed carefully through an Equality Impact Assessment in order to identify where reasonable adjustments may be needed in order to fully include people with Autism in their own assessment.

Resources – within existing

Timescale – by December 2011

Carers' assessments should be offered wherever an assessment is being undertaken.

Resources – as with assessments above

Timescale – immediate

An assessment will not always lead to the provision of a service, however it is likely that the provision of information about local and national resources will be appropriate in all cases. The Local Authority should therefore look to develop information as a web based portal.

Resources – one off bid for resources to support this development

Timescale – by April 2012

3. Planning

One of the fundamental goals of *Fulfilling and rewarding lives* is that public services better meet the needs of adults with autism. While in part that means the development and delivery of specialist or dedicated autism services in response to locally identified needs and priorities, it also reflects the need for public services to be more effective and more personalised for adults with autism.

This section concentrates on those actions which will map current resources, identify gaps and promote the development of an improved range of choice and appropriate support for those with ASD and their carers.

Actions

Undertake a mapping of current support and services for people with ASD and their carers.

Resources – the Development Officer

Timescale – by April 2012

Anyone needing support and advice needs to know where to go to obtain this. We will promote our Front Door as a first point of contact for people with ASD supported by the web based information portal.

Resources – within existing

Timescale – by April 2012

Alongside the implementation of the NICE pathway we will ensure that local routes to employment; independence; health and community engagement are in place.

Resources – the Development Officer

Timescale – by April 2013

Commissioning should review all service providers' contracts to say they must make reasonable adjustments for people on the autism spectrum and be trained in autism to a certain standard.

Resources – Joint Commissioner – Learning Disabilities

Timescale – by April 2013

In order to meet the needs of this group in the area of employment, Havering will look to work with Jobcentre plus and other partners to build on lessons learnt from Valuing Employment Now and plan for future improvements.

Resources – within existing

Timescale – by April 2012

We will engage with the new commissioning arrangements within Health in order to promote Health specific services were needed.

Resources – within existing

Timescale – by April 2012

As more individuals with ASD are diagnosed and provided with information about services, usage of these opportunities will likely increase. A service review should

include checks that services are effective in meeting the specific needs of people with autism.

Resources – within existing

Timescale – by April 2012

4. Transition

Transition is a journey across life in which key personal, health, social and emotional milestones are passed. It is a natural and unavoidable process but it involves changing services and service providers.

People with ASDs need more support with transitions as adapting to change is particularly difficult for people on the spectrum. It would therefore also be good to look at the different types of transitions that we may need to support people with – not just the main transition from leaving school/ childrens services. I.e. From Primary to Secondary School or for adults, from a family home to supported living or their own housing.

Havering believes that people should be active participants in their transition. This involves using person centred approaches which ask the questions as to what is important to the young person as well as what is important for them.

A major transition time for young people is from 14-25. All young people in Year 9 that have a Statement will have a special annual review to plan for these changes. This is called a Transition Review and it results in a Transition Plan. The review should be person centred and involve the Connexions service who advise and support parents and young people in making choices about what they would prefer to do in the future. This Transition Plan will be reviewed annually so that options can be explored and change planned for.

The major challenge is to ensure that individuals who are on the higher end of the autistic spectrum receive a positive transition into adulthood and are able to be supported to live in their community, receive a community care assessments where required and are helped to access the support the community is able to offer. The local authority will need to ensure that appropriate information and guidance is available and that all front line staff are able to recognise individuals (and their carers) needs are recognised and understood in the context of autism and other presenting symptoms.

Havering is currently a “Getting a Life” site. This provides an approach targeted to achieving clear outcomes for young people moving into adulthood about getting employment, appropriate housing, health and friendships & community involvement. It is proposed to explore this as a way of improving transition specifically for young people with Autism.

Action

Ask the “Getting a Life” project to identify a cohort of higher performing individuals with Autism in order to track their journey and identify the current barriers to achieving the four desired outcomes.

Resources – to be managed within the identified project resources.

Timescale – initial findings by September 2012.

Review the Transition Protocol to ensure they fully reflect practice requirements for people with Autism, engaging with all parties across Children’s and Adult services.

Resources – within existing

Timescale – by April 2012

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