

All Age
Autism Strategy
(Draft)
2019 -2022

March 2019

CONTENTS

- 1. Key Principles**
- 2. An Autism Strategy**
- 3. What is Autism**
- 4. Numbers/Demographics**
- 5. National Policy/Context**
- 6. Local Context**
- 7. CURRENT PROVISION AND SUPPORT**
- 8. Priorities**
- 9. Key Questions for Consultation**

Appendix 1. Action plan

1. KEY PRINCIPLES

- 1.1 This is the first draft of an all age autism strategy for people with autism and their families. Although previous strategies relating to autism have been written and previous pieces of work have been undertaken regarding areas that impact on some people with autism, there has not been an overarching strategy that relates to people across all ages with autism.
- 1.2 A key part of the strategy and its overall vision is to seek to ensure that Havering becomes an autism inclusive borough where people with autism have the same opportunities as everyone else.
- 1.3 In order to enable this there are a number of key principles which are central to the strategy and will help to make the strategy real:
- People with autism and their families and carers are at the centre of everything we do.
 - Focus on people's strengths to overcome barriers
 - Guidance, information and support is easily available
 - The right support at the right time
 - Increased awareness of autism across Havering
 - Living in your community and being included
 - Delivering the actions outlined in the strategy will require action and leadership from all stakeholders
- 1.4 This strategy sets out our plan to achieve our vision for Havering and takes a life-course approach, encompassing children, young people and adults with autism, and taking into consideration the needs of families and carers. It recognises autism affects people in different ways and touches many aspects of their lives. As such, we have taken a holistic view; our ambition is to work in partnership to address the wide range of areas in which residents with autism might be supported, including in health services, education, preparing for adulthood, employment, independent living and the criminal justice system.
- 1.5 This strategy is being developed in parallel to a number of other strategies that impact upon the lives of children, young people and adults with autism and their families. The main strategies are:
- High Needs Strategy 2017- 2022.
 - Carers Strategy
 - Emerging Supported Housing Strategy
 - The Emerging all age Learning Disability Strategy
 - Havering's Draft Joint Commissioning Strategy
- 1.6 Havering's Joint Commissioning Strategy sets out the key principles for commissioning of social care within Havering but its principles equally apply to this strategy also. It is based on 3 strategic goals:
- Prevention
 - Personalisation

- Integration and Partnerships

1.7 The goals are underpinned by a number of key principles

- Outcome based commissioning – ensuring that there are very clear and measurable outcomes for people, even if they are as ‘simple’ as a person having real friends
- Financial management – commissioned services need to ensure that they provide best value for the Council and that good partnerships are developed with providers to ensure this
- Co-design and coproduction – actively listening to, engaging with, people with disabilities and their families and ensuring they are central to designing a strategy and implementing it
- Innovation, improvement and change (Transformation) – demographics and the financial pressures faced by Havering are such that there is a stark choice to make. Continuing doing the same with less money and increased pressure or seeking to do things differently, actively learning from other authorities and utilising principles of positive risk taking.

1.8 Havering has just published its Corporate Plan for 2019/20. It sets out Havering’s plans for the next twelve months on how Havering can be an even better borough that is: **Cleaner, Safer, Prouder Together**. The plan is based on 4 themes:

- Opportunities
- Communities
- Places
- Connections

1.9 Key to the plan is the vision of ‘*Helping young and old fulfil their potential through high-achieving schools and by supporting people to live safe, healthy and independent lives*’. The plan sets out 4 outcomes:

- Giving children the best start in life and helping them achieve at school
- The needs of our most vulnerable residents are identified and met
- Havering residents are healthy and active
- Families and communities look after themselves and each other

1.10 This strategy sets out a number of key themes together with a high level action plan which Havering wishes to prioritise over the next 3 years:

- Planning
- Involvement, information and access
- Health Care
- Employment
- Training and Awareness
- Housing
- Improved Pathways
- Transport, keeping safe and life skills

NEXT STEPS

1.11 This is a draft strategy and has had some input from people with autism and their families. However in line with the key principles outlined above, it will require further and more detailed consultation with a range of people, stakeholders, partners and most importantly adults, children and young people with autism and their families

1.12 For the strategy to be delivered effectively, it requires ownership and involvement at senior levels within a range of partner organisations – e.g. the Council, the CCG, NELFT. Many of the priorities are not within the gift of any one organisation (or even part of) to deliver and require joint ownership and leadership. How best to achieve this will form part of the consultation

1.13 The following timetable is anticipated:

April to July – Consultation
July to September – Rewrite
October – Sign off by relevant partners
November - Launch

2. Why An Autism Strategy

- 2.1 Autism is a condition that affects approximately 1% of the population; the numbers of people affected by it are not dissimilar to the numbers of people with dementia (*Think Autism 2014*). The Department of Health in 2010 (*Fulfilling and Rewarding Lives; the strategy for adults with autism in England*) indicated that it is a source of social, economic and health inequality in England.
- 2.2 Havering's recently launched Draft Corporate Plan setting out its plans for the next twelve months on how Havering can be made an even better borough for people to live in makes specific reference to people with autism and Havering's desire to improve the lives of people with autism.
- 2.3 The recently published NHS 10 year plan, setting out its plans for the next 10 years indicated that supporting people on the autism spectrum or with learning disabilities is one of the 4 clinical priority areas it needs to concentrate on and to deliver better clinical services and support.
- 2.4 Nationally the Government published a National Strategy for Autism in 2010, albeit exclusively for adults, although late in 2018, it announced its intentions to launch a National all age Strategy in Autumn 2019. Havering produced an adults strategy in 2018, and a High Needs Strategy for children in 2017
- 2.5 A strategy sets out an organisation's vision for specific groups of people, how it intends to achieve that vision and who has a part in achieving that vision. A Strategy is also a live piece of work and requires ownership from all the relevant stakeholders.
- 2.6 Echoing the voice of many parents and people with autism, and themes which Government have acknowledged, autism is a condition for life, children become adults. A key challenge which disparate strategies face is that they may not always support people's seamless pathway through life and their need for support at various stages in their lives.
- 2.7 Havering has taken the view that it needs to develop an all age strategy for people with autism. Its reasons for doing so are in line with the Government's thinking, there is a need to:
- join up health, care and education services to address autistic children's needs holistically
 - develop diagnostic services to diagnose autism earlier, in line with clinical guidance
 - improve the transition between children and adult services so that no young people miss out, and ending inappropriate reliance on inpatient hospital care
 - improve understanding of autism and all its profiles, including recently identified forms such as pathological demand avoidance (PDA)
- 2.8 Additionally people with autism make it very clear that although on occasions they need additional support and access to people (staff) that are aware of their condition, they also wish to lead lives that are the same as the rest of the population.
- 2.9 Traditionally autism both within adults and children has been seen as being a specialist area requiring input from (often) specialist health, education and social care provision. The reality is very different, in respect of both NHS and Local Authority provision, a person with autism is as likely (or more likely) to require support from and come into contact with day to day

services e.g. Library staff, front line staff in housing, Town Hall receptionists, receptionists in health centres, GPs, staff in A&E than with specialist staff within social and health care. Whilst this strategy looks at some of the areas that relate to the need for specialist input and provision, it also highlights the fact that this is not a strategy relating solely to social care or specific areas of health care, but it is a Havering wide strategy that needs to be supported by all public services in Havering.

3. What is autism

3.1 Autism is known as a spectrum condition, both because of the range of difficulties that affect adults with autism, and the way that these present in different people.

3.2 Autism occurs early in a person's development, it is neither a learning disability nor a mental health problem although mental health problems are more common among people with autism and it is estimated that one in three of adults with a learning disability also have autism.

3.3 Autism is a relatively 'modern' diagnosis; the term 'autism' only came into common clinical use in the 1960s and whilst most diagnosis now occurs in childhood many adults remain undiagnosed. Getting a diagnosis can be a crucial milestone for people with autism; many have felt different and unable to "fit in" for all of their lives.

3.4 Autism is a disorder which affects how a person makes sense of the world, processes information and relates to other people. It is known as a spectrum disorder or spectrum condition because the difficulties it causes can range from mild to severe, and these affect people both to different degrees and in different ways. Nonetheless, all people with autism share three areas of difficulty; often referred to as "the triad of impairments", (Wing and Gould, 19791):

- Social communication - difficulty using and understanding verbal and non-verbal communication, such as gestures, facial expressions and tone of voice
- Social interaction - problems in recognising and understanding other people's feelings and managing their own; and
- Social imagination - problems in understanding and predicting other people's intentions and behaviour and imagining situations beyond their own experiences.

3.5 People with autism may experience over or under-sensitivity to sounds, touch, tastes, smells, light or colours. Many people with autism may also have other conditions such as attention deficit hyperactivity disorder, a learning disability or dyspraxia.

3.6 As a result of interaction between the three main areas of difficulty, sensory issues and the environment, people with autism may experience:

- increased anxiety levels
- a need for routines, sometimes having a compulsive nature
- difficulties in transitioning to a new activity
- difficulties generalising skills learnt in one situation to another
- focussed and/or committed interests
- the ability to be highly focussed when on a specific task
- difficulties with self-awareness, understanding and expressing their own needs

3.7 Autism affects people in different ways; some can live independently without any additional support, while others require a lifetime of specialist care. The needs of adults with autism thus vary widely. A significant proportion of adults with autism across the whole autistic spectrum experience social and economic exclusion. Improving access to local support and services is important to develop the skills and independence of adults with autism in Havering.

- 3.8 Their condition can be overlooked or missed by healthcare, education, and social care professionals, which create barriers to accessing the support and services they need to live independently. In addition, people with autism are more likely to have coexisting mental and physical disorders, and other developmental disorders. Some may have contact with the criminal justice system, as either victims of crime or offenders and it is important that their needs are recognised
- 3.9 Autism is a lifelong condition and people may need support and to use services at any time in their life. Those with an ASC who have associated learning disabilities or additional mental ill-health will usually be eligible for formal Social Care support.
- 3.10 Asperger Syndrome (AS) or High Functioning Autism¹ (HFA) is a condition within the autism spectrum and is the term commonly used to describe people with autism who have no additional learning disability. It is often difficult to tell if someone has the condition as their level of intellectual ability can often disguise the level of their disability. People with AS/HFA are potentially amongst the most vulnerable and socially excluded in society and are likely to experience difficulties with obtaining and sustaining employment, completing further education, living independently, forming relationships, securing and keeping accommodation or making friends. They are also more vulnerable to exploitation due to their lack of social insight and mental health problems, particularly anxiety, depression and higher suicide rates.

¹ HFA – Higher Functioning Autism will be used to describe people with an IQ of 70 or above. This will include those with Asperger’s Syndrome (AS) although in the literature this is sometimes a separate category.

4. Numbers of people

4.1 There are no definitive numbers regarding the numbers of people with autism, either adults or children. Any information about the possible number of autistic people in the community is based on epidemiological surveys (i.e. studies of distinct and identifiable populations). It is normally reckoned that approximately 1% of the population of the UK has some form of autism; figures that are specific to Havering are indicated below. (But studies in other parts of the world may give different percentages – this is likely due to a range of factors, different diagnostic criteria, diagnostic switching, service availability and awareness of autism among professionals and the public

4.2 The National Autistic Society's web site (<https://www.autism.org.uk/about/what-is/myths-facts-stats.aspx>) offers some interesting data and facts about autism

- 34% of children on the autism spectrum say that the worst thing about being at school is being picked on
- 63% of children on the autism spectrum are not in the kind of school their parents believe would best support them
- 17% of autistic children have been suspended from school; 48% of these had been suspended three or more times; 4% had been expelled from one or more schools
- Seventy per cent of autistic adults say that they are not getting the help they need from social services. Seventy per cent of autistic adults also told us that with more support they would feel less isolated
- At least one in three autistic adults are experiencing severe mental health difficulties due to a lack of support.
- Only 16% of autistic adults in the UK are in full-time paid employment, and only 32% are in some kind of paid work.
- only 10% of autistic adults receive employment support but 53% say they want it
- Around a third of people with a learning disability may also be autistic
- Between 44% - 52% of autistic people may have a learning disability
- Between 48% - 56% of autistic people do not have a learning disability
- Five times as many males as females are diagnosed with autism

However there is also increasing and emerging evidence that there is a significant under diagnosis of autism in females so the reality may be that the gender difference (if any may be closer)

4.3 The numbers of people in Havering with autism is derived from a number of sources:

- Havering's Joint Strategic Needs Assessment (JSNA)
- National prevalence figures
- Data from adult and children's social care
- The Schools Census
- Data submitted to Public Health England as part of the 2018 Autism Self-Assessment

PREVALENCE

4.4 The following table, from the Projecting Adult Needs and Service Information System (PANSI) indicates the predicted numbers of adults aged 18+ who have autism in Havering and indicates an expected increase in numbers in coming years;(this table includes people with learning disability)

People aged 18-64 predicted to have autistic spectrum disorders, by age projected to 2035					
	2017	2020	2025	2030	2035
People aged 18-24 predicted to have autistic spectrum disorders	205	195	198	231	251
People aged 25-34 predicted to have autistic spectrum disorders	335	347	346	334	350
People aged 35-44 predicted to have autistic spectrum disorders	309	330	366	386	385
People aged 45-54 predicted to have autistic spectrum disorders	335	327	325	354	390
People aged 55-64 predicted to have autistic spectrum disorders	296	315	327	323	325
People aged 65-74 predicted to have autistic spectrum disorders	229	235	246	277	294
People aged 75 and over predicted to have autistic spectrum disorders	190	202	243	269	307
Total population aged 18 +	1,899	1,951	2,051	2,174	2,302

4.5 Whilst the equivalent of PANSI does not exist for Children and Young People, using figures from the most up to date version of the JSNA (January 2019) predicting Havering's growth in population and the 1% prevalence figure the predictive numbers of young people with autism in Havering is shown below:

Children and Young People aged 0-17 predicted to have autism spectrum disorders				
	2018	2023	2028	2033
CYP aged 0-4 predicted to have ASD	1,760	1870	1910	1850
CYP aged 5-10 predicted to have ASD	2,030	2280	2430	2410
CYP aged 11-17 predicted to have ASD	2,060	2490	2820	2950
Total	5,850	6640	7160	7210

ADULT FIGURES

4.6 The table below shows (for 2017/18 and most recent figures for 2018/19) the numbers of adults who were in contact with Adult Social Care

	2017/18		2018/19	
	18-64	65+	18-64	65+
Known to LD Team	828	97	810	87
LD In Receipt of Services	528	68	539	63
Recorded Health Condition of Autism	48	0	49	0
Autism in Receipt of Services	41	0	39	0
Autism not LD	11	0	18	0
Autism not LD in Receipt of Services	11	0	11	0

4.7 Data from the Sycamore Trust, who are the main provider of low level support and advice for adults with autism in Havering suggests the following numbers:

Adults referred to Sycamore Trust who were not previously known	
April to June 2018	96
July to September 2018	81
October to December 2018	36

4.8 Figures from NELFT for 2018/19 (up to 13.3.19) regarding the diagnostic pathway for adults, indicate the following:

Referrals received during 1 st April to 13/3/19	61
Clients who were screened at second level screening for not meeting the assessment criteria:	5
Clients Signposted for other assessments due to mental health issues	6
Clients who are on the current waiting list:	26
Clients who have received a diagnosis of ASD	17 (4 of them from previous year's caseload)
Clients who did not receive a positive diagnosis of ASD:	3
Clients who are ongoing assessment:	10

4.9 In 2017/18, the average waiting time between referral and assessment was 28 weeks. However the wait from referral to initial diagnosis is largely within the NICE Guidelines of less than 3 months, but it can vary due to the return of screening questionnaires from people.

The average waiting time between referral and return of second stage screening assessment is around 7 weeks

CHILDREN AND YOUNG PEOPLE

4.10 There is broader range of data in respect of children and young people and a better understanding of it:

4.11 The JSNA (2018) indicates the following:

- There is increasing demand for specialist help and schooling for children with autism (ASD)
- Increases of 40% were seen in children with autism between 2012 and 2015, numbers for ASD in the primary school population are expected to double over a 5-year period (from 2015 to 2020)

4.12 The School Census data for 2018 indicates a total of 456 children from nursery age to 18+ with a diagnosis of autism. However this number may be higher as the High Needs Review highlighted that some schools record pupils with autism as SEMH (social, emotional and mental health). This is due to some overlap in behaviours between the two categories. Current data also suggests that there are 217 children and young people aged 0-18 who are known to have autism and have an Education Health & Care Plan (EHCP).

4.13 Current data from Children's Social Care indicates the following numbers currently known to social care

CYP aged 5-10	38
CYP aged 11-15	45
CYP aged 16+	36
Total	119

4.14 Work was undertaken over the summer of 2018, to develop a Housing Strategy as part of the TCP work. This looked at a limited cohort of adults and young people i.e. those who may be at risk of being admitted to hospital. Whilst therefore the data was not reflective of the overall picture and some assumptions were made i.e. it only included those children who attracts significant additional costs within the schools system (above £16,000 per annum) or attend specialist schools in and out of the borough. This analysis indicated:

- 6 x 19 year olds in specialist schools 5 of whom have an autism as part of their diagnosis.
- 11 x 18 year olds in specialist schools 2 of whom have an autism as part of their diagnosis.
- 7 x 17 year olds in specialist schools 4 of whom have an autism as part of their diagnosis.
- 13 x 16 year olds in specialist schools 7 of whom have an autism as part of their diagnosis.
- 13 x 15 year olds in specialist schools 7 of whom have an autism as part of their diagnosis.
- 17 x 14 year olds in specialist schools 11 of whom have an autism as part of their diagnosis.

- 13 x 13 year olds in specialist schools 10 of whom have an autism as part of their diagnosis.
- 17 x 12 year olds in specialist schools 16 of whom have an autism as part of their diagnosis

ANALYSIS

4.15 Although the prevalence figures appear high, other work suggests that if anything the reality suggests they should be higher – this is due to a number of factors, including probable under reporting in females.

4.16 It would be unrealistic to expect that any borough knew everyone with autism so to expect there to be a 100% relationship between people known and prevalence figures is unlikely. Some people on the autism spectrum may not wish it to be known that they have autism; others may not consider that it impacts on them enough to seek out any specialist help or support; others may have just developed their own coping mechanisms to get through life.

4.17 There appears to be more people presenting themselves to Sycamore Trust than to adult social care; also there also appears to be more Children and Young People known to schools than there is to children's social care. This is not surprising given that adults and children and young people may not always meet the eligibility criteria for social care; people may find it easier to contact a non-statutory agency, especially if they have (as Sycamore Trust do) a presence in Romford's largest shopping mall; or that they may not know how to navigate their way into social care

4.18 However the data in respect of learning disabilities is of concern and suggests a recording issue. The National Autistic Society suggests that between 44% - 52% of autistic people may have a learning disability. The data above suggests that just approximately 8% of people are receiving a service from the Community Learning Disability Team and just over 5.4% who are known to them are recorded to have autism. This clearly suggests a recording issue in some way shape or form. Whilst it is reasonable to expect that staff within the CLDT should be more aware of autism than staff elsewhere in social care, the need for improve recording equally applies to all social care staff.

4.19 Children's services have recently introduced guidance for schools regarding completion of data sets for the School Census, in order to ensure that they complete the data sets appropriately and that they provide the most accurate data. This is due to some children and young people with autism being wrongly recorded as SEMH.

4.20 Within both adult and children's services it appears evident that there is room for improvement of how autism is reported and recorded.

5. National Policy

NATIONAL AUTISM STRATEGY

5.1 A National Autism Strategy for Adults Fulfilling and Rewarding Lives was published in (2010) This had 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

5.2 Following a review of the strategy in 2014, the Government published an update 'Think Autism' and statutory guidance in 2015; this added 3 new initiatives

- Autism Aware Communities - Think Autism community awareness projects to be established in local communities with pledges/awards for local organisations to work towards
- The establishment of an Autism Innovation Fund which will provide funding to promote innovative local services and projects, particularly for lower-level preventative support;
- Better data collection and more joined up advice and information services - including social care staff recording someone's condition as autism, and a commitment to make it easier for people with ASC to find information online about how their local authorities are performing.

5.3 As part of its ongoing review of the strategy and its implementation, Government decided at the end of 2018, that as part of the current review it would also look at the needs of Children and Young People leading to a new all age strategy to be published in late 2019. The reasons it has given for this are:

- A desire to see young people on the autism spectrum given the same start in life as any other child. Acknowledging that outcomes simply aren't good enough, with too many autistic children falling through the cracks and not getting the care and support they need
- Acknowledgment that with the right support, they can live happy, healthy and independent lives within their own communities, so it's vital we have a national autism strategy that works for both children and adults
- The Government's ambitions for children with autism are exactly the same as for all other children – to do well in school and college, find sustained employment and live happy and fulfilled lives

5.4 The key areas relating to children and young people that the government wishes to consider, and presumably will be key to the new strategy are:

- joining up health, care and education services to address autistic children's needs holistically
- developing diagnostic services to diagnose autism earlier, in line with clinical guidance

- improving the transition between children and adult services so that no young people miss out, and ending inappropriate reliance on inpatient hospital care
- improving understanding of autism and all its profiles, including recently identified forms such as pathological demand avoidance (PDA)

No further information has been published, but it is likely if the timetable is to be met that there will at least a consultation document published in Spring 2019. Whilst the timetable for the refresh of the national strategy is unclear, we do not propose waiting to develop our local strategy. As is indicated in Section 8 the 4 areas that Government has highlighted are areas that locally it has been acknowledged there being a need for improvement

THE TRANSFORMING CARE PROGRAMME (TCP)

5.5 The Transforming Care Programme (TCP) is a national programme which is focussed on improving health and care services for those people with a learning disability and/or autism who display behaviours that challenge and as a consequence may be at risk of being admitted to a specialist hospital.

5.6 The Transforming Care Programme aims to prevent unnecessary admissions to hospital by working together to find solutions that will enable people to remain in the community. Where a person with a learning disability and/or autism is admitted to a specialist hospital the admission will be kept under close scrutiny by way of Care and Treatment Reviews (CTR) or in the case of a child or young person with Care Education and Treatment Reviews (CETR). Agencies will work together to ensure any admission to specialist hospital to manage challenging behaviours will be kept as short as possible.

5.7 Locally, the work of the TCP is led by CCG and its work is supervised by a local implementation board that consists of representatives from the CCG, NELFT, NHS England, The 3 Boroughs (Barking and Dagenham, Redbridge and Havering) and a patient by experience. At the time of writing the TCP Board is considering its remit moving forward, but has identified that it sees autism as one of its priorities. In addition, although still at an early stage, the board has served as an opportunity for the 3 lead commissioners from the 3 boroughs and their CCG colleagues to begin to share data and intelligence across the boroughs and to consider the opportunities for cross borough work.

NHS PLAN

5.8 The NHS published its 10 year plan earlier this year. Supporting people with autism or learning disabilities is one of the clinical priorities identified within the plan. The plan makes particular reference to a number of initiatives regarding people with autism. There has been some media coverage recently about the numbers of young people who have been detained in specialist hospitals and indications from the TCP programme suggest that there are increasing numbers of young people who are being detained in hospital when they should not be; this is clearly reflected in some of the contents of the NHS plan. The key issues relating to autism within the plan are:

- Renewed focus on reducing waiting times for diagnostic and specialist services for CYP
- By 2023/2024 a 'digital flag' will exist in the NHS patient record for all people with a known LD or autism
- LD and autism awareness training will be mandatory for all NHS staff

SEND AND CHILDREN AND FAMILIES ACT 2014

5.9 Part 3 of the Act concentrates on how the Act helps children and young people with special educational needs or a disability. The aim is to give good support to children and young people with special educational needs or a disability, and their families. The Act helps children with disabilities even if they don't have special educational needs. Under the Act, councils have to find out which children and young people in their area might have special educational needs, and which have a disability. The SEND Code of Practice provides statutory guidance relating to this part of the Act. It specifically requires:

- A clearer focus on the participation of children and young people and parents in decision-making at individual and strategic levels.
- A stronger focus on high aspirations and on improving outcomes for children and young people.
- For children and young people with more complex needs, a co-ordinated assessment process and the new 0-25 Education, Health and Care plan (EHC plan) which replace statements and Learning Difficulty Assessments (LDAs).
- A greater focus on support that enables those with SEN to succeed in their education and make a successful transition to adulthood
- That Local Authorities publish a Local Offer, setting out in one place information about provision they expect to be available across education, health and social care for children and young people in their area who have SEN [Special Educational Needs] or are disabled, including those who do not have an Education, Health and Care (EHC) Plan

NATIONAL INSTITUTE OF HEALTH & CARE EXCELLENCE (NICE) GUIDELINES

5.10 The National Institute of Health and Care Excellence (NICE) provides national guidance on health and care, including advice, information, and quality standards to guide the development of best practice in service delivery.

5.11 The NICE autism pathway brings together all NICE evidence, guidance, quality statements, and other information relating to health and care support for children, young people and adults with autism. It recommends the following:

- service organisation and delivery of care should be led by a multi-agency strategy group;
- assessment and support should be delivered by specialised children and young people and adult autism teams, which consist of professionals from a range of disciplines;
- partnership working for delivering high-quality and comprehensive local services and support.

5.12 The NICE guidance contains general principles of care for children and young people and adults including: access for all; fully informed decisions made jointly between professionals, patients, and their families and carers; care delivered by skilled and trained staff; and physical environments designed or adapted to minimise their negative impact. It highlights how smooth transition from young people's to adult services requires advanced planning and a coordinated approach between the two services.

5.13 NICE quality statements are concise, prioritised statements designed to drive measurable improvements. The NICE autism quality standard comprises eight quality statements relevant to the care of CYP and adults with autism. The quality statements are not mandatory (required by law), but are designed to form the basis of local audit criteria to support continuous quality improvement, and should be measured using locally collected data. The key issues within the quality statements are:

- Diagnostic assessments should be commenced within 3 months of a referral
- As well as a diagnostic assessment. People should be assessed for any coexisting physical health and mental health problems
- A personalised plan should be developed and implemented in partnership between themselves, their family and the autism team
- People with autism are offered a named key worker to co-ordinate the care and support detailed in their personalised plan
- People with autism have a documented discussion with a member of the autism team about opportunities to take part in age-appropriate psychosocial interventions to help address the core features of autism
- People with autism are not prescribed medication to address the core features of autism.
- People with autism who develop behaviour that challenges are assessed for possible triggers, including physical health conditions, mental health problems and environmental factors.
- People with autism and behaviour that challenges are not offered antipsychotic medication for the behaviour unless it is considered because psychosocial or other interventions are insufficient or cannot be delivered because of the severity of the behaviour

6. Local Issues

6.1 This strategy has been developed as a result of ongoing work including inspections that have taken place over the past couple of years. There has been involvement of people with autism and their families through:

- **The CQC/Ofsted inspection**
- **High Needs Review**
- **The Autism Partnership board**
- **Preparation for the Autism Self Assessment in 2018**

Additionally in depth consultation is currently taking place with young people through the support of Young Advisers Havering; this is for both this strategy and the emerging all age learning disability strategy. This should be completed late spring. It will be necessary to ensure that a more comprehensive consultation takes place between April of this year and July (this is both to ensure the timescales for publication of the strategy are met and in acknowledgement that it is difficult, especially for families to meaningfully participate in any consultation during the school holidays)

6.2 The themes identified in this strategy have emerged from the work undertaken in Havering in recent years and are in line with the priorities identified both within the NHS 10 year plan and the priorities for Government's review of the National Autism Strategy. Some key actions will be influenced by the emerging national picture and will include the plans of NHS partners for implementing work relating autism as identified within the NHS 10 year plan.

OFSTED/CQC INSPECTION

6.3 Ofsted and the Care Quality Commission conducted a joint inspection of SEND provision in Havering early in 2018 to judge its effectiveness in implementing the disability and special educational needs reforms as set out in the Children and Families Act 2014. The inspection made some reference to autism but some of the wider issues highlighted have been echoed elsewhere in discussions relating to autism:

Things Havering does well:

- Arrangements to identify the needs of children and young people who have SEN and/or disabilities have improved and services are having a substantial impact on the outcomes for children and young people
- There is a broad range of training for staff that is matched to the needs of children and young people identified in school. This includes , for example training in autism spectrum disorder – as a result skills and expertise of practitioners is improving
- Havering has established a young advisers group, to find out what young people who have disabilities think about their lives. This helps Havering to better understand what is important to young people who have disabilities in Havering

However the inspection also identified a number of areas which require development/improvement

- Co-production is not strong enough. As a result, parents feel they have little input into the support provided for their children. They lack confidence in decisions about the commissioning of new services. Some parent groups view consultation meetings

with the local area as 'tick-box' exercises. As a result, parents are losing confidence in the process.

- The contribution that social care professionals make to EHC plans is limited. This means that EHC plans provide only a partial picture of children's and young people's needs. However, the process for producing EHC plans has improved. Outcomes are more incisive and the plans identify more clearly what support is to be put in place.
- The local offer is not used effectively enough. This is because typically parents and young people are not aware of its existence, despite consultation. As leaders recognise, the extent of the consultation needs to be broadened considerably.
- Some parents and carers of children and young people who have autistic spectrum disorder have articulated their concerns about a lack of post-diagnosis support. This is not compliant with guidelines and results in children and young people having identified needs which remain unmet.
- Havering is not aspirational enough about the future outcomes of children and young people. For example, there is no strategy to support young adults into employment

HIGH NEEDS REVIEW AND STRATEGY

6.4 Havering launched its Strategy for Children and Young People with Special Educational Needs and Disabilities in December 2015, following the introduction of the Children and Families Act 2014. The strategy recognised that Havering is experiencing increasing demand on its SEND services due to rising numbers of children and young people in the borough with SEND, as well as a rise in the complexity of needs amongst those with SEND. The strategy was reviewed in 2017. The review highlighted areas of good practice and area that may require improvement/further development:

6.5 Things Havering does well:

- Most early years' settings are managing to support young children effectively, despite the pressures on staffing and funding and early years practitioners are committed to ongoing development of their skills and knowledge to support the needs of children with SEND
- Havering College are already offering a range of supported internships and new post-16 and post-19 provisions have been established which are supporting young people to prepare for and move into their adult lives
- There are some areas of excellent practice in supporting pupils with SEND, across all our provision – mainstream, ARPs and special Schools, on the whole, are managing to support pupils effectively, despite the pressures on budgets
- The education service has a dedicated team of advisory teachers and assistants who work with schools advising and supporting children with autism in their education placements
- There are a number of mental health initiatives underway across all age groups, but particularly focussed on early years.
- A number of new ARPs are being developed in primary and secondary school for pupils with ASD and a new free special school is expected to open in 2020/21 which will be for pupils with complex ASD and/or SEMH.

6.6 The Review also identified areas for improvement and development

- Havering's data collection is not as robust as it could be and we are putting in place a number of measures to ensure we record data more accurately. We want to be able to predict needs and levels of need; e.g. at the moment we may be able to predict numbers of children with ASD but not the complexity of their ASD.
- Additional resources are required to better support early identification and intervention for under-5s with a diagnosis of ASD. We have already increased the funding to early years' settings for children with additional needs which will help in ensuring appropriate support is in place. .
- Primary school ARPs specifically for pupils with ASD are a priority. Since the publication of the High Needs Strategy, we have been able to develop two new primary school ARPs for children with ASD, providing a total of 24 additional places. Further ARPs are currently in discussion.
- In post-16 provision we need to develop a wider offer, particularly at lower academic levels, with more opportunities for work-based learning leading to (ideally paid) employment.

AUTISM SELF ASSESSMENT (SAF) 2018 - Adults

6.7 There is a national review every 2 years of local areas implementation of the national autism strategy. The most recent SAF was submitted in December 2018. Members of the Autism Partnership Board, colleagues in the NHS, the Autism Steering Group (a group of adults with autism supported by Sycamore Trust) were actively involved in preparing material for the submission. Discussions were also had with some carers and families; although the SAF did not specifically concentrate either carers issues or issues relating to children and young people some wider views were shared. The process did provide the opportunity to consider what works well and what areas need further development/improvement:

What works well:

- Havering's Partnership Board and involvement of adults with autism (but need to appoint a person with autism as co-chair)
- Post diagnostic support for people with learning disabilities (but not for adults more generally)
- Some data is kept and used for planning
- Some good preventative and low level support for people who don't meet eligibility under the Care Act 2014
- Good examples of work done within acute hospitals
- Some positive local innovations
 - Development of shared lives model of support
 - Development of a framework to ensure sufficient Supported Housing for vulnerable young people and adults. Some emerging evidence of cross borough work
 - The Havering Autism Hub
 - Funding for NELFT linked to Transforming Care Programme (TCP) work to avoid admission of people to hospital with autism

The following areas were identified as requiring improvement and/or further development:

- A need for more consistent recording of data in Havering
- The need for more consideration in public services to be made regarding reasonable adjustments

- Transition processes and clearer pathways for young people moving into adulthood
- Planning for specific populations in Havering
- Better recording of hate crime
- Lack of an overall Havering wide training plan, uptake of training by certain groups and awareness of autism
- Pathways for diagnosis not widely known and in some cases long waits for diagnosis
- Post diagnostic support for people/signposting for those not meeting eligibility under the Care Act 2014
- Consideration of and support for Carers needs and accessible information
- Difficulty to engage all stakeholders in Havering – autism still seen as an issue for social care and education and specialist health services
- Some employment initiatives evident but at a very early stage
- Inconsistent reference to employment in EHCP plans
- Families feeling excluded from planning
- Access to housing and housing advice

Whilst not specific areas picked up by the SAF, other issues felt locally by people and families to need further attention are:

- Community Safety, anti -bullying work and teaching people life skills to avoid being intimidated and becoming victims of coercion and control
- Transport issues – partially linked to safety but also linked to life skills and increased independence

6.8 Not only do the local issues, from a number of sources, indicate some common themes emerging locally, they are very much in line with the national themes as indicated both in the NHS 10 year plan and the Government’s review of the National Autism Strategy e.g.:

- Need for better information and signposting
- Smoother and clearer pathways for people
- Improved waiting times for diagnosis and support
- Better and more effective recording

6.9 Section 8 indicates the key priority areas which this strategy seeks to address and contains a very high level action plan. A more detailed action plan will be developed during and as a result of the wider consultation recommended by this initial draft strategy.

7. CURRENT PROVISION AND SUPPORT

ADULTS

- 7.1 Social care support for adults is determined by whether or not they meet eligibility criteria in respect of the Care Act, a key determinant is not the condition a person has, but how that condition impacts and affects them. With this in mind, Havering does not provide dedicated social work support in respect of autism per se.
- 7.2 Not all adults with autism will necessarily meet eligibility criteria for under the Care Act, nor be assessed as requiring specialist support. But people with autism do need to feel assured that they know where and how to get advice should they need it and that they are dealt with, in whatever part of the Council and Public Sector, by people who have an awareness of autism and its possible implications for them in their day to day lives
- 7.3 The needs of people with both learning disability and autism who meet Care Act eligibility criteria are met via the learning disability team. For other adults with autism, if they meet the current eligibility criteria for social care their needs may be met through one of the locality teams, the mental health teams or hospital based services.
- 7.4 In terms of preventative and community based support, there are 3 areas of investment, The Sycamore Trust, The Carers Hub and Peabody Here to Help scheme.
- 7.5 In respect of the Sycamore Trust, Havering currently funds £40k p.a. for peer support and £40k for social inclusion, a key element of this investment is demonstrated through the work of the Autism Hub in Liberty Mall. This funds the following activities:
- Autism ambassadors – people with autism who seek to provide awareness training to businesses and community bodies within Havering
 - Peer support – through the Hub, people with autism are able to provide peer support to people with autism, a female group has been established and an online forum virtual group has been established
 - The Autism Hub is the focus for a number of activities and initiatives within Havering, e.g. access to information technology and internet, sign posting, a quiet space, general awareness, base for peer and support groups, family and parent support
- 7.6 Havering currently funds the Carers Hub. The Carers Hub receives £180.4k per annum; a specific amount (£36.9k) is allocated to specific user groups, mental health, dementia etc. Learning Disability and Autism are considered as one within this. The Hub provides support to carers in respect of a range of issues e.g. advocacy, emotional and telephone support, general advice, training activities and social activities.
- 7.7 The Peabody provision is a generic service which offers free, short term support to people aged over 16 who need help to develop their independent living skills. They provide general information, advice and guidance and in some cases ongoing support for either 3 or 6 months.

CHILDREN AND YOUNG PEOPLE

- 7.8 A range of support and provision is available to children and young people and their families, through education, social care, and commissioned services, although much of it is within the overarching support provided to children and young people with disabilities.
- 7.9 Short breaks, which both allow children and young people to have fun and develop independent skills and their parents to have a break from caring responsibilities, are provided through the local offer. This is not specific for children and young people with autism and is part of the overall offer for children and young people with disabilities; however the use of Direct Payments does allow families to purchase their support directly.
- 7.10 Families of children and young people with autism are able to access the core offer of support. This is for children and young people with SEND assessed as having needs that cannot be met through universal services/activities. The core offer consists of 100 hours per year and can be used to access a range of commissioned provision e.g. weekday/evening clubs, holiday clubs and weekend clubs or Direct Payments, which can also be spent on non-commissioned services and therefore widens the choice for families and allows more flexibility than commissioned services.
- 7.11 Alternatively, families can opt for the enhanced short breaks offer. This is for children, young people and their families or carers who feel they need a higher level of short breaks with extra specialist care. A short breaks assessment is required to access this level of support. This offer may include personal care support, overnight stays, increased specialist short breaks in term-time and the school holidays pending the recommendations of the short breaks assessment
- 7.12 Havering commissions such provision from a range of providers (both via a framework and some spot purchasing). The Local Offer is available on Havering's web site, which sets out the process for applying for short breaks and who the short breaks providers are. There are no dedicated autism providers from whom Havering currently commissions provision
- 7.13 In addition to provision available through the local offer, support is available to parents through Positive Parents, who are able to provide information to families, provide a forum where families concerns and views are listened to and who are involved in strategic planning of resources and services – but this is across all disabilities. RAGS (Romford Autistic Group Support) are also a parent led group who provide a support network for families with a family member who is either diagnosed with autism or are awaiting a diagnosis.
- 7.14 Additional support for families is made available through either the Children and Disabilities (CAD) 0-5, and 5-19 teams which are multi-disciplinary teams consisting of social workers, psychologists and specialist educational staff who can and do provide a range of specialist support to children with autism and to their families.
- 7.15 Within education and early years, there is dedicated nursery provision for young children who are on the pathway to diagnosis, specialist and dedicated provision is available within a range of schools. A dedicated free school for pupils with autism is due to open in 2021/22.

LOCAL DEVELOPMENTS

7.16 A review of 2 of the diagnostic pathways for children and young people (5-11, and 11-18 the 0-5 pathway is well established and is well defined) is due to start. At the time of writing, the terms of reference and the extent of this review are being finalised, but it is anticipated that this will result in a far more integrated offer for children young people and their families. A pre-diagnostic group has been established to prepare families and young people for the diagnosis and some of the processes involved. This review by NELFT ties in with the issues identified within this strategy. It is anticipated that by the time the final strategy is complete, there will be both further clarity on the outcome of that review and also there may be further more detailed indications from NHS England regarding the diagnostic issue identified in the 10 year plan

7.17 As part of the TCP work, an analysis of the future housing requirements for people identified as part of the TCP cohort was completed which provided some useful data relating to young people and adults both within (and potentially within) the TCP cohort. This identified some of the numbers of young people with autism who may require housing.

7.18 Further work has been done to develop housing locally. Through a Supported Housing Programme the Council is developing of a number of buildings and associated care and support services across children's and adult social care. By developing services in borough this will allow the Council greater control over costs and quality and increase the ability to place vulnerable children and adults closer to family and community networks. Four projects are being developed as follows:

- A residential care unit for 6 children with disabilities (with potential for short breaks facilities) – new build scheme
- Supported housing scheme for 6 young adults with disabilities and additional complex needs – new build scheme
- Utilising 2 existing Council properties to create 2x semi-independent accommodation schemes for 12 young people leaving care
- Semi-independent accommodation scheme for 12 young people leaving care – new build scheme

Further work coming out of the Supported Housing Programme has identified the future accommodation needs for the next 5 years for looked after children, care leavers, and children and adults with disabilities. This will enable further work across social care and housing to maximise opportunities within the extensive regeneration programme underway in Havering.

7.19 As a result of the TCP programme, both locally and nationally, Havering has developed a partnership with LUMOS. LUMOS is an international organisation established by JK Rowling with a mission to end the institutionalisation of children globally by 2050. LUMOS is currently working in collaboration with local government agencies in East London to achieve better outcomes for a small group of children with learning disabilities and/or autism who display behaviour that could be considered as challenging and are living in residential hospital or residential school placements, but for whom with the right support could be living in family-based care or community-based care within their own communities. The work in Havering is still at an early stage of development but it will support maintaining identified children and young people within their own communities and their families.

7.20 Although the education service has a dedicated team of advisory teachers and assistants who work with schools advising and supporting children with autism in their education placements the High Needs Review identified that Havering needs to develop more provision for children and young people with Autistic Spectrum Disorder (ASD) and Social, Emotional and Mental Health Needs (SEMH); from early years, through school and into adulthood. There are currently Additional Resourced Provision (ARPs) in six schools, supporting pupils with autistic spectrum disorder (ASD) and communication needs, complex needs and hearing impairment. We know, from feedback from schools and from parents, as well as from our own data, there are not enough of these. These six schools are keen to support other schools to develop ARPs across the borough in both primary and secondary phases. A new Primary Additional Resourced Provision for ASD is opening in 2019 with a further 2 more in primary and 1 in secondary planned for 2020. There is also a new Special Free school being planned for 2021.

8. KEY PRIORITIES

8.1 This section sets out, at a high level, the key priorities which this strategy will address. The priorities are based on what is known locally about how people with autism and families of children and young people would like their lives to be improved. As indicated previously, although more definite information is awaited regarding the all age National Strategy, there is a synergy between the local priorities identified and those which Government has indicated may well be picked up in the new strategy and the NHS 10 year plan.

The priorities are set out below under key themes:

- Planning
- Involvement, information and access
- Health Care
- Employment
- Training and Awareness
- Housing
- Improved Pathways
- Transport, keeping safe and life skills

Under each of the priorities are some initial key actions and areas for improvement/development. The attached action plan contains more detail but is at this stage a high level action plan.

PLANNING

8.2 Planning includes not just issues relating to how Havering plans services, but also issues relating to improved recording of data so that we can improve what we do and better understand the needs of people in Havering with autism. It also includes governance for the oversight of the implementation of the strategy.

- Better and more consistent recording of autism within adult and children's social care
- More effective use of data to inform planning
- To better plan for key identified populations e.g. women, over 65s
- Ensure there are effective governance arrangements for overseeing implementation of the strategy
- Ensuring effective partnerships are in place
- Building on current work other partners are or will be doing e.g. review of diagnostic pathways, roll out of mandatory training within the NHS

INVOLVEMENT, INFORMATION and ACCESS

8.3 Families and people have indicated they want and need better and clearer information, e.g. some families have indicated they need to know more about the Local Offer, or diagnostic pathways. Other people have also indicated that they find it difficult to know who to go to for advice and find it difficult to navigate their way around the Council's telephone system

- Ensure people and families are fully involved at all levels in both individual planning and planning for wider service developments

- Better access to information about services and support networks (relating to social and health care, education, low level support/advisory services and autism friendly facilities in the community e.g. autism shopping events etc)
- More effective use of social media to keep people informed
- Ensuring all public bodies to consider how people with autism may better access their service

HEALTH CARE

8.4 Feedback from people locally is that they wait a long time for diagnosis and that they don't always find it easy to find out about how to get diagnosed; these are issues which are highlighted within the NHS Plan. Other people indicate that there doesn't seem to be a comprehensive approach taken to follow up post diagnosis. Many people acknowledge that there has been some good work in Havering resulting in people with autism getting a better service in some parts of mainstream health care, but people also feel there are other areas where things could improve.

- Improved diagnostic pathways
- Pre and post diagnostic support
- Information and accessibility
- Waiting times
- Access to health care

EMPLOYMENT

8.5 Many adults have indicated the challenges they face in getting into the job market and the lack of advice and information; families have spoken about the challenges their children face in sometimes getting professionals properly consider employment. People have also spoken about there needing to be improved pathways that may support young adults who wish to consider employment.

- Improved pathways and support around employment for young adults and young people
- More consistent reference to employment in EHCPs
- Better advice and support available to adults who want to access employment
- Using Havering Works to develop more effective advice and support systems and to engage with employers across Havering
- Development of the number of supported internships in place – work underway with Havering College and Corbets Tey @ The Avelon/ Routes 4 Life

STAFF TRAINING AND AWARENESS

8.6 Evidence used in the 2018 SAF indicates that there is an inconsistent approach to training and awareness across the public sector in Havering. In some sectors, it is felt that having staff who have at least awareness training would make it easier for people to access services as they feel they would be talking to people who understood some of the challenges they face around communication. Additionally the NHS plan indicates that awareness training will be mandatory for all NHS staff.

- Ensuring staff are appropriately trained and/or have awareness training
- Ensuring awareness training is available to staff across the public sector

- Working with Havering Social Care Academy to ensure appropriate training is targeted at social care staff, and the wider Council

HOUSING/ACCOMMODATION

8.7 Most children and young people live with families; those who do not, live in provision that is commissioned either as a result of their specialist educational needs or their social care needs; it is important for those children and young people that such accommodation and its staffing is able to support children and young people with autism and have received appropriate training around both autism and ways to best support people with autism e.g. Positive Behavioural Support (PBS).

8.8 Some younger vulnerable adults and other vulnerable adults may require more specialist housing where they can receive support in relation to life skills as a result of their needs as assessed by under the Care Act. Other adults may merely require to be better supported through the process of successfully applying for public sector or private housing

- Ensuring staff in housing agencies have autism awareness training
- Development of supported housing strategies
- Ensuring staff in 'specialist provision are suitably trained and providers use PBS techniques

IMPROVED PATHWAYS

8.9 Preparation for adulthood is key to enabling young adults and their families to adjust to their moving into new forms of education and training and into possibly a different approach to social care than they may have been used to as children and young people. In order to facilitate this, it is important that there are good and clear pathways for young people. This also applies to ensuring that young people moving into post 16 provision and education receive appropriate and timely information.

8.10 It is acknowledged that a number of young people may not receive the amount of support (or indeed any formal support) upon their reaching the age of 18; although they may have met the criteria for care from Children's social care, they will not meet the criteria for adult social care. For some young people and their families this can come as a surprise and they may not know where to go for support; it is important that for such young people and their families they are clear as to where they may be able to receive appropriate support and advice

- Improved pathways for young people moving into adult services who meet social care eligibility criteria
- Improved/better signposting and information for families and young people in children's services who will not meet eligibility criteria for adult social care
- Clearer pathways and advice for young people moving into post 16 provision and education
- Preparation for adulthood

TRANSPORT AND KEEPING SAFE

8.11 Being able to travel independently is a very important life skill, that encourages people to be independent and supports them in accessing community facilities and making and maintaining friendships. But this does not merely mean people being taught skills about knowing which e.g. bus or train to get, but is as much about people feeling safe going about their daily business and not being susceptible to bullying and other forms of coercion .

- Extend membership of partnership board to community safety and Metropolitan Police
- Raise awareness of transport providers
- Evaluate work of Routes 4 life
- Travel training

9. Key Questions for Consultation

9.1 A consultation period of 3 months is recommended. Although there has been some engagement with people in drawing up this draft strategy, it has been limited and has in the main only included people who attend current forums e.g. the Autism Partnership Board. Wider consultation is needed in order to ensure that some of the key issues highlighted are indeed those that are important to people.

9.2 During consultation, the following questions should be asked:

- Are the priorities identified in the strategy relevant and if not what should be added/amended?
- Are the actions set out in the action plan appropriate and if not what additions /amendments
- Are there any additional areas that should be included within the Strategy and if so what?
- Is having an all age strategy the most effective way to achieve the vision set out in this strategy? Please provide any alternative suggestions.
- Should this strategy apply to everyone with autism, including people with learning disability? If not what alternative suggestions do you have?
- What is the best way to make sure that the strategy is implemented? Do you think that the Partnership Board can do this effectively?
- Are there any other comments that you would wish to make on the Draft Strategy not covered by your responses above?

ACTION PLAN

1.Planning - ensuring more effective planning for people with autism and clear leadership for implementation of strategy					
Action no	Objective	Action	Organisation responsible	Timescale	Benefits
1.1	To produce final strategy by autumn 2019	a) To hold series of consultation events between late April and July 2019	LBH	July 2019	Publication of an agreed strategy to improve lives of people with autism
		b) Ensure materials and consultation are as accessible as possible	LBH	July 2019	
1.2	To determine most effective governance arrangements for implementing the strategy	LBH and CCG to consider if current governance arrangements i.e. HWB Board and Autism Partnership Board are robust enough to lead and ensure implementation of strategy	LBH/CCG	July 2019	Appropriate leadership and ownership of the Strategy and its implementation
1.3	To strengthen Partnership Board	a)review terms of reference of Autism Partnership Board	LBH	July 2019	Membership of the Partnership Board reflects all the stakeholders
		b)extend membership of the board in line with the aims of this strategy	LBH		
		c) Appoint a person with autism as deputy chair	LBH		
1.4	Ensure more effective recording of autism within Children's Services and	a) To consider making the recording of a	LBH	Ongoing	More accurate data will enable more effective

	Adult's Social Care	secondary health condition e.g. a compulsory recording field in social care			planning of services
		b) Guidance has been disseminated to schools to improve the accuracy of school census data.	LBH	Ongoing	
		c) New EHCPs will now record the child's sub-category of need as well as the broad category to improve data accuracy	LBH	Ongoing	
1.5	To better record hate crime and other incidences of criminal activity affecting people with autism				To enable strategies to be developed to ensure safety of people with autism
2. Involvement, Information and Access – ensuring people and families are appropriately involved at all levels in planning and service design					
Action no	Objective	Action	Organisation responsible	Timescale	Benefits
2.1	People and families are fully involved at all levels in both individual planning and planning for wider service developments		LBH/CCG		
2.2	Better access to information about services and support networks (relating to social and health care, education, low level support/advisory services)	a) Enable improved access to the Local Offer	LBH/CCG		Families and people will have appropriate information about services and support available to them
		b) Ensure leaflets etc are up to date about the range of support and services available			

		c) Ensure leaflet racks in all public buildings are properly stocked with up to date material			
		d) explore more effective use of social media to communicate with people			
2.3	Improved information about local services (e.g. sports leisure, cultural, community)	a) Ensure information material provided by public sector bodies is accessible and up to date	LBH/CCG		People will be able to better access community based facilities
		b)Explore use of social media to communicate information to people			
2.4	Ensuring all public bodies consider how people with autism may better access their service	a)work with autism ambassadors to assess access to services	LBH/CCG		People with autism and their families will be able to use public services more effectively
3. Health Care					
3.1	Improved diagnostic pathways	a)undertake review of current diagnostic pathways	CCG		Improved diagnostic service
		b)improve information about availability of diagnostic pathways	CCG/NELFT/CAMHS		
		c)reduce waiting times	CCG/NELFT/CAMHS		
		d)consider commissioning pre and post diagnostic support services	CCG/NELFT/CAMHS		

		e)ensure more effective links between diagnostic pathway and Adult Social Care	LBH (ASC)		
3.2	Access to health care	a)Implementation of digital flag as per NHS Plan	CCG		Equity of access in relation to health care
		b)Implementation of mandatory awareness training for all NHS staff as per NHS Plan	CCG		
4. Employment					
4.1	Better access to employment opportunities	a)Having works to develop links with local employers	LBH		Increased opportunities for employment for people with autism
		b)Having works to link with specialist services to ensure increased awareness of their support	LBH		
		c)Explore use of social value clause in contracts to encourage the Council's providers to create employment opportunities	LBH		
		d)Explore opportunities presented in Joint Venture Schemes for supported employment/internships			
		e) EHCPs from Year 9 onwards should focus on Preparing for Adulthood outcomes across the 4 pathways	LBH		

		f) development of a wider offer of work opportunities including work experience and supported internships to be developed across the borough	LBH		
		g) more effective and targeted use of modern apprenticeships and intern schemes for young adults with autism	LBH Other partners also		
		h) schools to be supported to do more work with young people around the 4 pathways to adulthood in both pre- and post-16 provision	LBH Other partners also		
5. Training					
5.1	Ensure properly trained staff and increased awareness	a)Implementation of mandatory awareness training for all NHS staff as per NHS Plan	CCG		People with autism will feel confident that staff they are speaking to have appropriate understanding of their condition and how it may affect them
		b)contribute to national consultation regarding training	LBH	ongoing	
		c)work with Havering Social Care Academy to ensure appropriate training is targeted at social care staff	LBH		

		d) making autism awareness training mandatory for all new LBH staff	LBH		
		e)to roll out the range of training on offer to support staff, in the local authority and schools and colleges, in understanding, developing and promoting supported employment			
6. Housing					
6.1	Ensure People with autism have access to appropriate help and support whilst applying for public sector housing	a)to work with LBH Housing to ensure an agreed number of front line staff have autism awareness training	LBH		People with autism will have better access to public sector housing
		b)encourage all RSL's operating in Havering to ensure that agreed number of front line staff have awareness training	LBH		
6.2	Ensure appropriate young people are identified for the supported housing schemes currently in developmental stage	a)consider young people with autism in the cohort for the supported housing schemes under development (taking into account relevant eligibility criteria)	LBH	ongoing	Young adults with autism will benefit from living in supported housing and developing appropriate life skills with
		b)Use the data from the needs analysis undertaken regarding			

		housing to inform more effective planning of housing for people with autism			
7. Improved Pathways					
7.1	Improved pathways for young people moving into adult services who meet social care eligibility criteria	a)Ensure young people are identified in a timely manner to ensure good assessments are made	LBH (CAD)		Families and young people are identified soon enough to ensure a care assessment is made in a timely and effective manner
		b)development of a robust transition strategy in partnership with parents and young people	LBH (CAD/ASC)	Dec 2019	
		c)Information is provided to families and young people at an early stage	LBH (CAD)		
		d)work with schools to develop their understanding of employment pathways	LBH (CAD)		
7.2	To work with children and young people and their families	a)work closely with LUMOS to ensure work to maintain children and young people in their communities			Young people are kept out of residential and/or institutional care
7.3	Improved/better signposting and information for families and young people in children's services who will not meet eligibility criteria for adult social care	a)Ensure such young people(and their families) are identified and advised at an early stage	LBH (CAD)		Young people and families have sufficient information to enable them to make informed choices as to where and how to access low level support

		b)Develop information material for young people and their families	LBH(CAD)		
7.4	Improve Local Offer	a)Include clear information on what is available for all four pathways to adulthood	LBH (CAD)		Providing more effective information to families and young adults
		b) Communicate better with young people, and their parents, about what is possible for their future and how each young person may get there	LBH (CAD)		
		c)Provide clear communication about available options for young people at age 20/21 years+, including support and services which are not education-based	LBH (CAD)		
7.5	Preparation for adulthood	a)work with post16/19 providers to support the development of their offer	LBH		Young adults and their families will be prepared for adulthood
		b)Develop health pathways and processes for young people aged18-25 with healthcare needs	LBH		
		c)develop a SEND	LBH		

		moving on event for young people			
8. Transport, Keeping Safe and Life Skills					
8.1	People with autism can use public transport safely	a)work with TfL and local bus providers to raise awareness of autism	Autism Ambassadors/LBH		A increased number of people with autism are able to travel independently and safely
8.2		b) promote and develop the travel training programme	LBH		
		c) work with specialist transport providers e.g DABD	LBH		
8.3	People with autism feel safe in their community	a)invite Community Safety Manager to join Partnership Board	LBH	May 2019	People with autism feel their concerns about being safe will be heard and suitable advice given
		b)Invite Metropolitan Police to join Partnership Board	LBH	May 2019	
8.4	Young people with autism have appropriate life skills	a)to seek to continue and extend the Routes 4 Life provision			