



East Riding of Yorkshire Strategy for children and young people with autism

2017 – 2020



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Foreword

Executive summary

Introduction

In 2012 the East Riding of Yorkshire Strategy for children, young people and adults with autism was developed along with an action plan for implementation, following consultation with parents, carers, schools and health and local authority services by a multi-agency group. It identified five key priorities for improving access to diagnosis, services and support for those children and young people with autism and their families as follows:

1. Increase awareness and understanding of autism
2. Develop a clear, consistent pathway for the diagnosis of autism
3. Improve access to services and support for children and young people with autism and their families and carers
4. Help children and young people with autism into education (*and work*).
5. Enabling local partners to develop relevant services for children and young people with autism.

This strategy seeks to review the progress made to date, address some of the challenges and identify further areas for development for 2017 - 2020.

This strategy has been developed by a multi-agency group with representatives from East Riding of Yorkshire NHS Clinical Commissioning Group, Humber NHS Foundation Trust, Community Health Care Partnership, East Riding of Yorkshire Local Authority and East Riding Voices in Partnership (ERVIP) Parent / Carer group.

Engagement on the contents of the strategy will take place with a range of stakeholder groups and individuals on completion of the draft including with children and young people and parent carers.

A separate, related, document will be developed for adults during 2017.

What is autism?

Autism is a term which describes a neurological difference in brain development that has a significant effect on how a person develops. It is a lifelong spectrum disorder which can have a varying impact. It can have a profound effect on the life chances of those with it, although educational and behavioural approaches can make a difference.

The national autism strategy, *Fulfilling and rewarding lives* (DH 2010), describes autism as:

A lifelong condition that affects how a person communicates with, and relates to, other people. It also affects how a person makes sense of the world around them. The three main areas of difficulty, which all people with autism share, are known as the “triad of impairments”. They are difficulties with social communication, social interaction and social imagination.

Autism is the most common developmental disorder and is a “spectrum disorder” which means that while all those with the condition share certain difficulties, they are affected in different ways and to different degrees. Some may also have learning difficulties and / or disabilities / co-morbidities. While some are able to live independent lives, others may have significant difficulties (including learning disabilities) and need a lifetime of daily and specialist support. Many with autism also experience challenges following the curriculum at school, social aspects of daily life and finding suitable employment and some may exhibit challenging behaviours. Although there is no cure for autism, there are educational and behavioural approaches which can help a person achieve their potential.

It is recognised that a number of terms for the condition may be used by different people, their families / carers and groups, including autism, Asperger’s Syndrome, high functioning autism and atypical autism. However for the purpose of this strategy the term “autism” is used throughout.

National Context

Since the last East Riding of Yorkshire strategy was published, the national adult autism strategy, *Fulfilling and rewarding lives*, has been reviewed and progress reported in a new document, *Think autism*. Additionally a number of policy and strategy documents relating to the Transforming Care programme for people with learning disabilities and/or autism and mental health problems or behaviour which challenges have been published by the Department of Health.

The principles of *Fulfilling and rewarding lives* and *Think autism* have been adopted in preparing this strategy for children and young people but additionally the aims of the Transforming Care programme are relevant particularly in the context of those with more complex needs who are in or at risk of needing 52 week residential special education. It is imperative that the needs of this group of children and young people with learning disabilities and/or autism and mental health problems and/or behaviour

which challenges are met as early as possible and that wherever possible, appropriate and proportionate support in the community is provided to prevent avoidable hospital admission or residential education placement.

Local context

Population and geography

East Riding of Yorkshire is a large rural area of around 1000 square miles, including towns, coastal resorts, urban fringe and remote rural villages and hamlets. It is largely affluent although there are pockets of significant deprivation in Bridlington, Goole, Withernsea and some parts of Beverley as well as in rural areas.

Although East Riding of Yorkshire CCG area is not coterminous with that of East Riding of Yorkshire Council, this strategy covers the latter area which includes the Pocklington and Stamford Bridge areas of Vale of York CCG. Additionally a significant number of East Riding of Yorkshire resident children and young people are registered with Hull CCG General Practitioners (GPs); thus while the development of this strategy has been led by East Riding of Yorkshire CCG in partnership with East Riding of Yorkshire Council, the two neighbouring CCGs are key stakeholders.

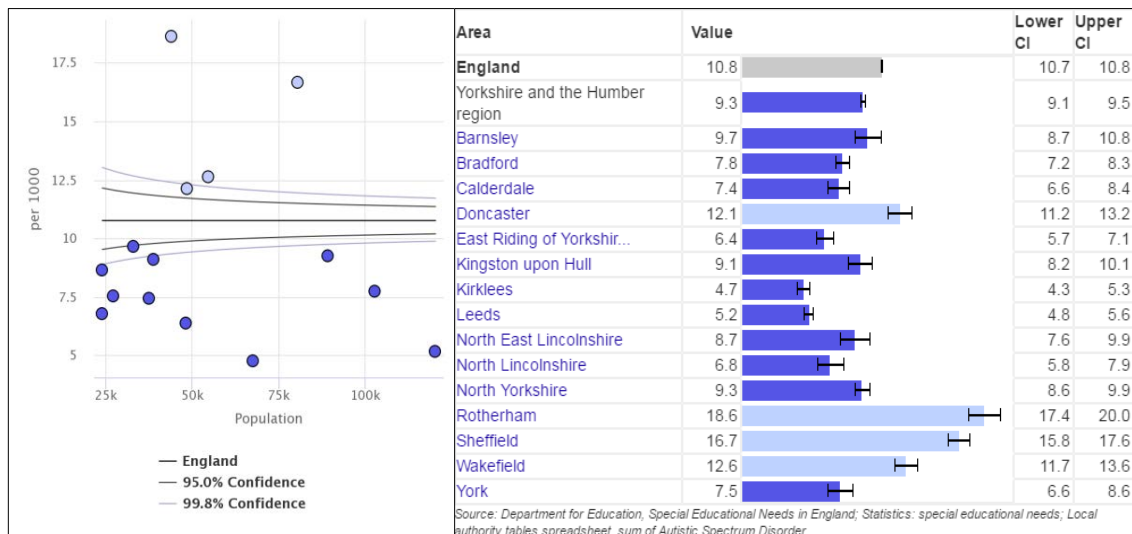
Autism statistics

While there are no accurate national statistics regarding the number of people with autism in the UK, the figures below give an indication.

- Based on the 2014 Adult Psychiatric Morbidity Survey, NHS Digital have confirmed the estimated prevalence of autism nationally to be 1% (range of possibilities 0.5% to 1.3%). Around half of these have learning disabilities.
- More males than females have been identified as being affected by the condition, although recent studies suggest that autism in females may be under-diagnosed as it can be more difficult to identify.
- One study estimated the prevalence to be 157 per 10,000, including previously undiagnosed cases, although it gave the caveat that “Results from this study should be treated with caution because of the low response and the finding that the socioeconomic distribution of the population was not representative of the UK population. Notwithstanding this, as autism-spectrum conditions are being increasingly recognised, these studies suggest that appropriate services should plan to meet the needs of between 1–2% of the primary school-aged population.”
- 1% prevalence equates to approximately 700,000 adults, children and young people in the country.
- Based on 2011 Census population figures for East Riding of Yorkshire Council, this means we can expect at least 720 children and young people (0

– 19) to have autism and for East Riding of Yorkshire CCG the number would be at least 613. If the true prevalence is nearer 1.5%, the numbers would be 1081 and 920 respectively.

- The Public Health England Fingertips profile states that 6.4 pupils per 1000 in the East Riding of Yorkshire have Autistic Spectrum Disorder at School Action Plus or statement level recorded as a primary special education need in the spring term census 2014, compared with 1.08% for England.
- According to the 2011 Census figures there are 39,466 school age (5-16) children in East Riding of Yorkshire, therefore the above rate suggests 252 children and young people with autism are known to schools.



Key Drivers – Strategy, Policy, Guidelines

National key drivers include:

- *Autism spectrum disorders in under 19s: recognition, referral and diagnosis* NICE Clinical Guideline 128 (2011)
- *Autism spectrum disorder in under 19s: support and management* Evidence-based recommendations on the care and management of autism in children and young people under 19, NICE Clinical Guideline 170 (August 2013)
- *Autism*: NICE Quality Standard QS51 (2014)
- *No health without mental health*, DH (2011)
- Children and Families Act: special educational needs and disability (SEND) DfE (2014)
- Autism Act (2009)
- *Think Autism: Fulfilling and Rewarding Lives*, the strategy for adults with autism in England: an update, HM Government (2014)

- *'Fulfilling and rewarding lives'* The strategy for adults with autism in England (HM Government, 2010)
- *Statutory guidance for Local Authorities and NHS organisations to support implementation of the Adult Autism Strategy* (DH, 2015)
- *Transforming care for people with learning disabilities – next steps* (DH, 2015)
- *Building the right support* (DH, 2015)
- *These are our children: a review by Dame Christine Lenehan, CDC* (2017)
- *Children and young people with autism: Findings from the Healthwatch network*, Healthwatch UK, undated

Local key drivers and interdependencies include:

- East Riding of Yorkshire CCG Future in Mind Transformation Plan (2015, refreshed annually)
- East Riding of Yorkshire Joint Health and Wellbeing Strategy 2016 – 2019
- East Riding of Yorkshire Special Educational Needs and Disability (SEND) Strategy 2014-2017
- East Riding of Yorkshire Safeguarding Children procedures and guidance
- East Riding of Yorkshire Council Children and Young People's Joint Commissioning Strategy 2016 - 2018
- East Riding of Yorkshire Young Carers and Sibling Support Strategy 2014-15 (*currently being updated*)

Current Situation

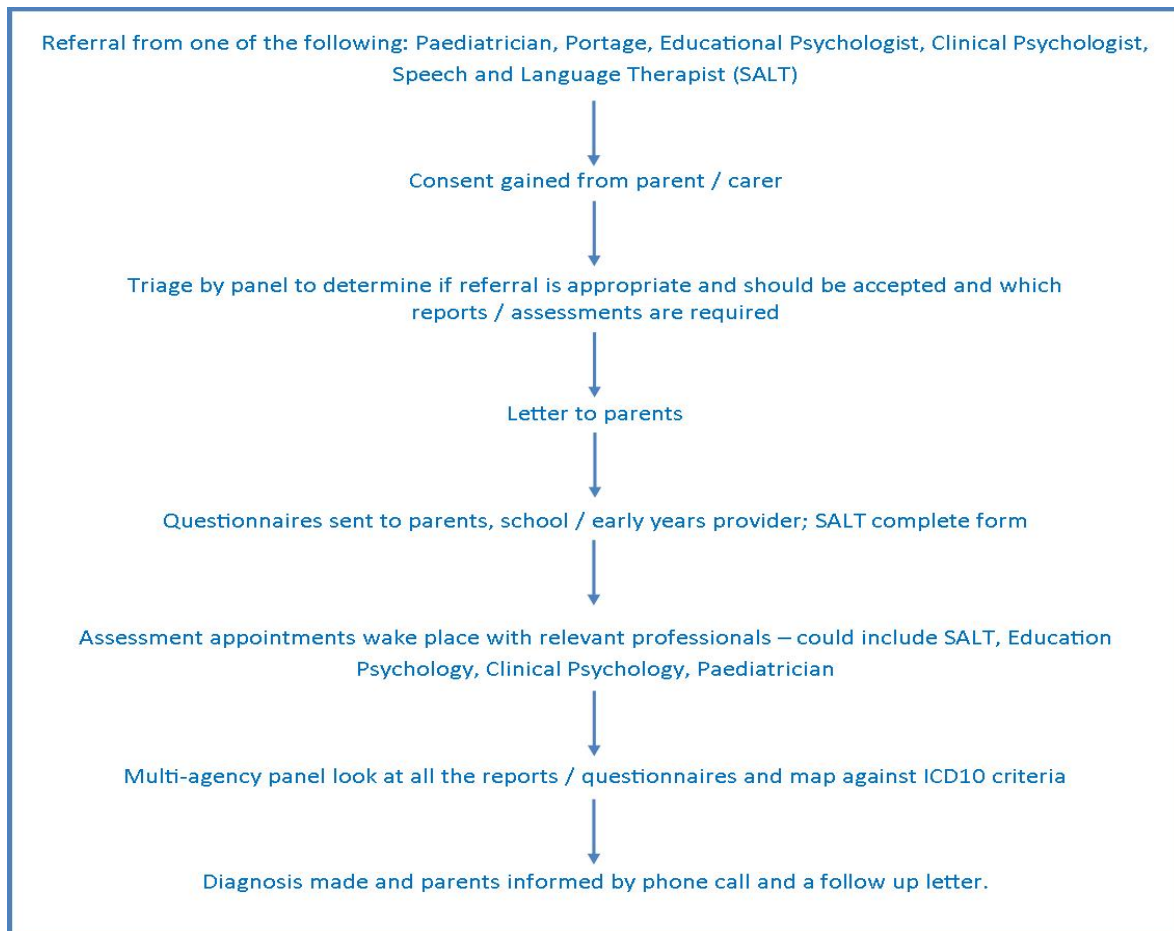
A summary of the current situation and progress against each of the five priorities for action and development which were identified in the 2012 – 2015 East Riding of Yorkshire autism strategy is given below.

Priority 1: Increase awareness and understanding of autism

- Inclusion Practitioners host National Autistic Society Seminars covering understanding autism, managing behaviour and anger, and sensory needs. One set of seminars per term is held in each of East Riding of Yorkshire Council's three areas, making a total of nine per year. They are open to parents, families, friends and professionals. Each has places for up to 25 delegates.
- Training for staff in education settings on a range of different topics is available including: Cygnet Practitioner, autism and behaviour, sensory difficulties, and social stories. This includes to the following groups:
 - Early Years Practitioners – 3 sessions a year
 - Special School Provisions – 3 sessions a year
 - Primary School Provisions – 47 sessions delivered to whole staff (24 in 2015-16, 23 sessions in 2016-17)
 - Secondary School Provisions – 11 sessions have been delivered to whole staff (3 sessions in 2015-16, 8 sessions in 2016-17)
 - Adult Education Twilight Training – 11 sessions have been delivered (5 sessions in 2015-16, 6 sessions in 2016 -17)

Priority 2: Develop a clear, consistent pathway for the diagnosis of autism

- Evidence-based age-appropriate multi-disciplinary assessment is available for children and young people of all ages
- In 2014 the pathway was redesigned to increase assessment capacity and to expand the number of agencies able to refer children and young people for assessment. See below.



- Since redesigning the assessment pathway and beginning to accept referrals for children and young people of all ages the number of referrals received each year has risen from 41 in 2011 to 179 in 2016.
- Due to the increase in referrals the additional capacity which was added in 2014 is no longer sufficient to deliver timely assessment and diagnosis. This has meant that since the last strategy was written waiting times from referral to completion of assessment and confirmation of diagnosis has increased. There are many factors contributing to this, including delays in gathering of information from schools, other services and families as well as bottlenecks in the assessment pathway itself.
- Referral data for 2011 – 2016 and current waiting list information is set out in Appendix A.

Priority 3: Improve access to services and support for children, young people with autism and their families and carers

- Resources have been developed to inform parent / carers and others how to access autism assessment and diagnostic services. Information leaflets are also available explaining an autism diagnosis, local courses etc
- Following assessment, parent / carers are informed of the diagnosis by a phone call, followed by a letter.
- In response to the increasing number of post 16 assessments, 'young person friendly' information leaflets have been developed to ensure children and young people with autism have information about their condition on receipt of the diagnosis and know where to go next. There are also letter templates which address the young person directly rather than their parent / carer where appropriate.
- The Family Information Support Hub (FISH), Technical Support Officer for the Social Communication Difficulties (SCD) Panel and Local Offer website are available to signpost to local and national provision.
- Following a diagnosis, parents are invited to Cygnet Parenting courses (across the age range) and autism seminars (shorter) to find out more about autism and to increase their knowledge of the strengths, difficulties and strategies available to support children and young people. In 2015 year, 28 families were supported through group parenting courses and 14 families through seminars.
- Following the 2014 SEND reforms, children and young people (including those with autism) who require additional support in school are assessed using a graduated response approach. For those with significant needs, an Education, Health and Care (EHC) Plan is developed to assist with the provision of joined up support. These are reviewed annually.
- Children and young people who already had a Statement of Special Educational Needs will all have been moved over to an EHC Plan by September 2018.
- The East Riding of Yorkshire Council Short Breaks statement, including eligibility has been reviewed and updated and made available on the Local Offer website.
- Personal Budgets are available for children and young people with autism who meet the eligibility criteria. This enables the family to have more say and purchase some of the support and services required themselves. Details have been posted on the Local Offer website where details of Personal Travel Budgets are also available.

- The Humber Transforming Care Partnership, covering Hull, East Riding of Yorkshire and North East Lincolnshire, has been in place since early 2016 and is working to reduce the dependency on hospital inpatient care for people with learning disabilities and/or autism who have mental health problems and/or behaviour which challenges.

Priority 4: Help children, young people with autism into education.

- Support is provided to schools to help children and young people become effective independent learners e.g. offering training and advice on a variety of strategies such as visual timetables, social stories.
- Three Inclusion Practitioners are employed by East Riding of Yorkshire Council with a primary role to support the inclusion of pupils with autism in mainstream settings. This can be through one to one work with pupils, school based staff and parent support, parenting programmes and autism awareness seminars etc.
- Between April 2015 and March 2017 the three Inclusion Practitioners offered specific pupil-focused support to 177 children and young people across the East Riding of Yorkshire on range of issues including:
 - Classroom strategies
 - Transition
 - Managing emotions and anxiety
 - Managing behaviour
 - Social skills
- East Riding of Yorkshire Council has agreements in place to provide an enhanced education provision for pupils with autism referred by the SEND panel who can manage a mainstream curriculum but have difficulty in a mainstream environment fulltime.
- The resources enable:
 - Education for pupils who are unable to access a mainstream classroom full time.
 - Pupils to be educated in a local provision.
 - Less reliance on expensive external provision.
 - Two places are commissioned as a block from each school but others can be purchased according to demand in agreement with the school as can be seen below.

Enhanced provision places available in East Riding of Yorkshire Schools.

	Key Stage	Number of pupils accessing the provision in 2017
Hornsea School and Language College	3 & 4	3
South Holderness Technology College	3 & 4	5
The Market Weighton School	3 & 4	1
Keyingham Primary School	1 & 2	0

- For children and young people with autism and learning disabilities who have more complex needs there are three special schools in East Riding of Yorkshire – St Anne’s, Kingsmill and Riverside.
- In addition, East Riding of Yorkshire Council and East Riding CCG commission a number of day and residential places for children and young people with autism who need specialist provision.

Cost of external provision for children and young people with Autistic Spectrum Conditions in 2016/17:

	Placements	Annual Care Fee	Annual Education Fee	Annual Health Fee	Total annual Fee
Residential	11	£1,081,373	£574,439	£210,113	£1,865,925
Day	16	£0	£693,508	£0	£693,508
Total	27	£1,081,373	£1,267,947	£210,113	£2,559,433

- A significant number of children and young people attending the three special schools in the East Riding will have autism and a learning difficulty. They may also have other comorbidities.
- The SEND reforms have prompted a focus on post 16 provision with EHC plans being updated prior to the young person’s transition to college to reflect the new place of learning and support required etc.

Priority 5: Enabling local partners to develop relevant services for children, young people with autism.

What has been achieved:

- While there is no national or local register of the number of children and young people with autism some data is available through:
 - Number of children / young people receiving a diagnosis each year
 - Education, Health and Care plans (and Education Statements for those who have yet to transfer to an EHC plan) which identify autism as a primary need
 - School Census (although this may include those who are suspected to have autism but have not received a formal diagnosis)

However these databases can only provide an estimate as some children and young people with a diagnosis of autism are not included in these numbers, while others could be counted more than once. In addition, those without or awaiting diagnosis may not be included.

- A multi-agency strategy group has been established.
- The introduction of Education, Health and Care plans is enabling a more joined up approach to support and the provision of services as well as encouraging an emphasis on outcomes.
- Personal budgets are available for eligible children and young people to give them greater control over accessing the services and support they require.

Plans for further action and development 2017 - 2020

In continuing and building on the achievements of the 2012 – 2015 autism strategy, by 2020 we plan to continue to work to deliver the five priorities from that strategy. For each priority we have adapted the “I statements” from *Think autism* to make them applicable to children and young people and listed the statements that apply to that priority.

Priority 1: Increase awareness and understanding of autism

Outcome - Greater awareness and knowledge of autism both in the general population and staff working in different sectors

I Statements:

An equal part in my local community

- I want to be accepted as who I am within my local community. I want people and organisations in my community to have opportunities to raise their awareness and acceptance of my autism
- I want the everyday services that I come into contact with to know how to make reasonable adjustments to include me and accept me as I am. I want the staff who work in them to be aware and accepting of autism.
- I want to be safe in my community and free from the risk of discrimination, hate crime and abuse.

What we want to do	How we will do this
Improve the general awareness of autism in the population	<p>Run annual local awareness campaigns linked to World Autism Awareness Week and School Autism Awareness Week.</p> <p>Publish and annually refresh autism awareness information (including details of e learning packages) on CCG and Council websites and Local Offer website.</p> <p>Develop list of resources promoting awareness and understanding of autism and publicise through Local Offer, ERVIP etc.</p>
Improve the understanding and awareness of autism with public sector staff	Ensure all front line Council and NHS staff who come into contact with people with autism undertake regular mandatory

What we want to do	How we will do this
	<p>basic autism awareness training.</p> <p>Promote online training courses to colleagues working in health, children's centres, schools etc to widen understanding of autism.</p> <p>Make available an e learning package introducing autism to be offered through each organisation's training arrangements. Promote to families, professionals in health, local authority etc.</p>
<p>Develop specialist knowledge and skills for selected members of staff</p>	<p>Offer training on autism to professionals working with children and young people (eg Youth and Family Support Team, Children's Disability Team, Prevention and Education Team) to enable them to develop specific knowledge / expertise and offer high quality early support and intervention.</p>
<p>Offer a range of training courses to families with children and young people with autism or awaiting assessment</p>	<p>Continue to offer the existing training courses to families while seeking to ensure that they are accessible to as many as possible eg time, location, venue, childcare arrangements etc.</p> <p>Explore other training courses available to offer to parent / carers and others eg mental health and autism, siblings and autism etc.</p>

What will success look like?

- Greater population awareness and understanding of autism
- Staff will have a greater understanding of the potential behaviours of people with autism and have the confidence and skills to be able to respond appropriately.
- Appropriate and reasonable adjustments are made by services accessed by children and young people with autism and their families wherever possible.
- Families are able to access a range of information and training on the condition.

Priority 2: Develop a clear, consistent pathway for the diagnosis of autism

Outcome - Following referral, children and young people are assessed and receive a timely diagnosis which is consistent with NICE guidelines

I Statements:

The right support at the right time during my lifetime

- I want a timely diagnosis from a trained professional. I want relevant age appropriate information and support throughout the diagnostic process.

What we want to do	How we will do this
<p>Review and redesign the pathway for the diagnosis of autism to ensure that access to the service is efficient and timely, with reduced waiting times and a more timely, effective assessment process.</p>	<p>Implement a clear referral route which is known and understood by key agencies and professionals.</p> <p>Introduce an effective screening tool to reduce unnecessary assessments.</p> <p>Ensure that all required information is available at the start of the assessment process.</p> <p>Ensure each professional is only involved in the assessment of those cases where this is indicated.</p> <p>Redesign the panel process.</p> <p>Identify a case coordinator for each child or young person on the assessment pathway to act as a link for advice and support and to coordinate the process.</p>
<p>Reduce the current waiting times for assessment and diagnosis</p>	<p>Introduce waiting list management processes to manage the current backlog of referrals. Subject to available resource, it may be necessary to consider commissioning additional external assessment capacity on a temporary basis.</p>
<p>Review and improve support provided at diagnosis</p>	<p>With stakeholders, review the current practices used to inform families and young people of the outcome of autism assessments to ensure that it meets their needs and provides a way forward.</p>

What we want to do	How we will do this
	<p>Update letter templates etc accordingly.</p> <p>Offer families a follow-up appointment within six weeks of their being informed of the outcome of the autism assessment to discuss concerns and answer questions.</p> <p>Review and update where necessary the resources which have been developed to inform parent / carers, young people and others about autism, diagnosis, support available etc. Make them available through the Local Offer website and publicise.</p>

What will success look like?

- The assessment and diagnosis pathway will be shorter, more efficient and timely.
- Current waiting times will be reduced.

Priority 3: Improve access to services and support for children, young people (and adults) with autism and their families and carers

Outcome - Children, young people and their families report feeling supported and able to access appropriate services as required.

I Statements:

An equal part in my local community

- I want to know how to connect with other people. I and my family want to be able to find local autism peer groups, family groups and low level support.

The right support at the right time during my lifetime

- I want to know that my family can get help and support when they need it.
- I want services and commissioners to understand how my autism affects me differently through my life. I want to be supported through big life changes such as moving to different classes or schools, or from school to college or when someone close to me dies.
- If I get into trouble I want the police or other services to think about autism and know how to access other services I may need.

What we want to do	How we will do this
Promote child-centred services	Ensure that all services support and adopt child-focussed, child-centred and family friendly principles.
Expand the Local Offer section on autism	Develop the online section of the Local Offer website publicising support tools available for families / carers of children and young people with autism eg shelf-help, MindEd e learning etc.
Improve access to specialist and targeted parenting courses for autism	Review and where possible remove unnecessary barriers to attending autism specific parenting courses offered to families post-diagnosis.
Improve support for those with high functioning autism	<p>Address the gaps in service for children and young people with high functioning autism who currently do not meet criteria for Children’s Disability Team but also may not be appropriate for YFS type support etc.</p> <p>Explore options including peer support, appropriate social opportunities etc.</p>
Develop a specialist support team	<p>Develop a specialist team of those working with children and young people with autism to enable timely access to specialist support. This may include clinical psychology, educational psychology, inclusion practitioners, speech and language therapists, youth and family support workers, and learning disabilities nurses.</p> <p>Identify a key worker or lead practitioner for each child or young person with autism.</p>
Reduce dependency on hospital inpatient care for children and young people with learning disabilities and/or autism and mental health problems and/or behaviour which challenges	<p>Identify those at risk of admission to CAMHS inpatient services or 52 week residential education.</p> <p>Carry out Care Education and Treatment Reviews (CETRs) for those at immediate risk of admission, where possible putting in place community support that will prevent admission.</p> <p>Develop crisis response services for</p>

What we want to do	How we will do this
	<p>children and young people with learning disabilities and/or autism and mental health problems and/or behaviour which challenges.</p> <p>Develop local respite and community care provision for children and young people with learning disabilities and/or autism and mental health problems and/or behaviour which challenges.</p>

What will success look like?

- Services are seen to be child-centred and family friendly.
- Children, young people and their families report being better supported during and after receiving the diagnosis of autism.
- More support and services are available for children and young people with high functioning autism.
- Children and young people with learning disabilities and/or autism and mental health problems or behaviour which challenges are supported at or near home including at times of crisis so that as far as possible mental health inpatient admission or residential care/education can be avoided.

Priority 4: Help children and young people with autism into education and prepare them for employment

Outcome - Children and young people with autism or suspected autism receive the support they require to enjoy and reach their potential in education.

I Statements:

The right support at the right time during my lifetime

- I want to know that my family can get help and support when they need it.
- I want services and commissioners to understand how my autism affects me differently through my life. I want to be supported through big life changes such as moving to different classes or schools, or from school to college or when someone close to me dies.
- If I get into trouble I want the police or other services to think about autism and know how to access other services I may need.

Developing my skills and independence and working to the best of my ability

- I want the same opportunities as everyone else to enhance my skills, to be empowered by services and to be as independent as possible
- I want support to prepare me to get a job and support from my employer to help me keep it.

What we want to do	How we will do this
Support transition	<p>Review processes for all children and young people with autism at transition points eg between nursery and school, school and college etc to ensure a smooth transition.</p> <p>Raise awareness with colleges and other post 16 provision of the needs of young people with autism (both academic and social), including for those without an EHC plan.</p>
Offer a graduated response approach to support	<p>Develop a graduated response approach for autism to enable schools to provide the right support to enable children and young people to thrive and achieve good outcomes.</p> <p>Work with schools to ensure that all with a diagnosis or suspected diagnosis of autism have a Termly Support Plan which is reviewed termly using a step up</p>

	<p>/ step down approach, or for those with more complex / severe needs, an Education, Health and Care Plan.</p>
<p>Support for those with high functioning autism</p>	<p>Recognise that children with autism are a vulnerable group and may have hidden difficulties that can lead to more serious problems with education, mental health and wellbeing, or social and emotional wellbeing if not supported early. Develop access criteria and ensure professional awareness training facilitates early identification of such hidden difficulties and appropriate early support.</p>
<p>Ensure enhanced and specialist provision is meeting needs</p>	<p>Monitor and evaluate the impact and use of the enhanced provision for autism in schools in the East Riding of Yorkshire and out of county provision.</p>
<p>Making schools “autism aware”</p>	<p>Increase the provision of training on autism, including high functioning autism for school staff.</p> <p>Develop local higher level training for teaching assistants working with children and young people with autism.</p> <p>Encourage early years and school settings, including those with enhanced provision to adopt and implement the autism competency framework as appropriate.</p> <p>http://www.autismeducationtrust.org.uk/</p>
<p>Reduce dependency on hospital inpatient care and 52 week residential education for children and young people with learning disabilities and/or autism and mental health problems and/or behaviour which challenges</p>	<p>Identify those at risk of admission to CAMHS inpatient services or 52 week residential education.</p> <p>Carry out Care Education and Treatment Reviews (CTERs) for those at immediate risk of admission, where possible putting in place community support that will prevent admission.</p> <p>Develop crisis response services for children and young people with learning disabilities and/or autism and mental health problems and/or behaviour which challenges.</p> <p>Develop respite and community care provision for children and young people</p>

	with learning disabilities and/or autism and mental health problems and/or behaviour which challenges.
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What will success look like?

- All children and young people with autism or suspected autism receive the support they need in education, especially at transition points.
- Fewer children require specialist day or residential education placements including 52 week placements.
- The enhanced provision and specialist placements are meeting the needs of children and young people accessing them.
- The risk of a child or young person requiring an admission to inpatient mental health services is reduced.

Priority 5: Enable local partners to develop relevant services for children and young people with autism.

Outcome - Services better meet the needs of children, young people and their families while avoiding duplication.

I Statements:

An equal part in my local community

- I want my views and aspirations to be taken into account when decisions are made in my local area.
- I want to be safe in my community and free from the risk of discrimination, hat crime and abuse.
- I want to be seen as me and for my gender, sexual orientation and race to be taken into account.

The right support at the right time during my lifetime

- I want autism to be included in local strategic needs assessments so that person centred local health, education, care and support services, based on good information about local needs, are available for people with autism.
- If I get into trouble I want the police or other services to think about autism and know how to access other services I may need.

Developing my skills and independence and working to the best of my ability

- I want support to prepare me to get a job and support from my employer to help me keep it.

What we want to do	How we will do this
Map current provision to identify strengths and possible gaps	<p>Map services available for children and young people with a diagnosis of autism to reduce duplication and identify gaps.</p> <p>Use service map to develop a continuum of provision / graduated response to meet individual needs. Publicise to parent / carers / young people / professionals etc including through the Local Offer, ERVIP etc.</p>
Explore different approaches to support children and young people with autism	<p>Undertake a systematic review of researched, effective, evidence based, approaches to support children and young people with autism. Include considerations of deliverability, cost effectiveness and resource implications.</p> <p>Develop plans to implement within existing resources those which meet the criteria above.</p>
Develop closer working relationships between services to reduce duplication and enhance support offered	<p>Develop closer working relationships between services diagnosing and supporting those with autism eg Learning Disabilities service and Clinical Psychology for autism to reduce duplication and enhance the support offered.</p> <p>Develop closer working relationships for services working with those with co-morbidities eg autism and substance misuse issues.</p>

What will success look like?

- Children, young people, families and professionals are more aware of the services available to provide support
- Reduced duplication of services

Closer working relationships between those diagnosing and providing support to those with autism etc

Implementation of the strategy

An action plan has been developed to support and enable the implementation of the East Riding of Yorkshire Strategy for children and young people with autism. The multi-agency strategy group will meet bi-monthly and will be responsible for over-seeing, monitoring and evaluating its implementation.

Regular updates and reports will be received by:

- East Riding of Yorkshire Children's Trust Board
- East Riding of Yorkshire Council Vulnerable Children's Group
- Future in Mind Strategy Board

draft

Appendix A – Referral and Waiting List Information May 2017

The number of referrals received for an autism assessment per year 2011 – 2016 is set out in the table below.

Year	Total Referrals
2011	41
2012	52
2013	57
2014	124
2015	126
2016	179

At any one time, thirty children and young people for whom referrals have been received and accepted following triage are going through the active assessment process. Breakdown of the numbers on the waiting list and pathway for autism diagnosis on 5th May 2017

	Numbers
Awaiting screening / triage to determine if full assessment is appropriate	46
Undergoing assessment	
Children aged under 5	26
Children and young people aged 5 - 15	150
Young people aged 16+	5
Total	181
Panel	
Scheduled for panel for diagnosis	29
Deferred for “watching brief”	15
Total number of children and young people on the pathway	271

Of those on the pathway above, the number of children and young people on the waiting list for assessment and diagnosis who have waited for more than 26 weeks / 52 weeks on 5th May 2017 were as follows:

Age	Waiting 26+ weeks	Waiting 52+ weeks (Also included on the 26+ weeks list)
Under 5s	17	5
Aged 5 - 15	140	83
Aged 16+		5

Average waiting times

The average waiting times from referral to confirmed diagnosis in weeks for those assessed in the twelve months to 31st March each year between 2013 and 2017 are listed in the table below.

	Under 5	Over 5
2013	35	37
2014	32	58
2015	32	57
2016	29	68
2017	35	102