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**Proposed Restructuring of Wandsworth’s Autism Spectrum Disorder Advisory Services – Consultation Document**

**Background**

The Council would like to hear your views on our proposed changes to create an enhanced single Autistic Spectrum Disorder (ASD) Advisory Service.

These proposals have been drawn up in response to our [previous consultation](https://haveyoursay.citizenspace.com/wandsworthcsd/1f265159) in January 2018, where we asked families for their experiences of the ASD Assessment process and the services and support they had accessed.

We received 96 responses to our consultation and further explored parental views through two focus groups. In addition, we consulted with a wide range of professionals involved in the assessment pathway to gather their views on the process. From this consultation we learned that families wanted:

* More support in the home in managing the needs of a child with ASD
* A single point of support at times of need/crisis
* More parent training courses delivered at times they can attend
* Improved availability of therapies (e.g. speech and language, occupational therapy) where these are needed

The priorities for professionals were:

* A process for improving the quality of initial referrals
* Clearer criteria for progressing a child onto a specialist assessment
* A process for involving a wider group of professionals in the decision to progress a child onto specialist assessment

We used the feedback from this consultation and have been working with our partners within the Council and across Health and the Clinical Commissioning Group (CCG), to formulate proposals for change that best meet the needs of families.

The proposals are intended to achieve the following key objectives:

* To keep an overview of all children with ASD and to track their progress and review their outcomes
* To ensure there is effective joint working of professionals and discussion about which children progress for a specialist assessment
* To enable effective multi-professional planning and delivery of services for children and families throughout the entire process, minimising transition between teams
* To ensure appropriate training and support is provided to parents/carers after a diagnosis of ASD
* To ensure there is support available to children and their families, including unplanned support when families might consider there is greatest need
* To provide parents with a single point of access, particularly at times of need/crisis
* To enable the service to provide a timely response when issues are escalating

We have considered a range of options to meet these objectives, including keeping things how they are now and making some small changes to the referral process. However, we have concluded that it is not going to be possible to meet all the objectives without redesigning the service. In order to create a multi-professional team, provide a year-round service and home-based support to families, we believe that a redesign of the service is required.

We have drawn up a set of broad proposals and these were presented, along with a request to consult, to Council members at the February Education and Children’s Services Overview & Scrutiny Committee and to Full Council. The decision to carry out a public consultation was approved, and you can read the committee paper at https://bit.ly/2UvBdFj

(Please note that recommendation 3b on page 2 was withdrawn prior to the council meeting)

**Proposals**

The proposed changes to the service are listed below. Please note that the equality impact and needs assessment (EINA) gives more detail about the potential impact of the proposals.

**Proposal 1:** An initial whole family assessment should take place to identify any additional needs

*Reasons for this proposal:*

* In order to identify the most appropriate support for a family, it is important that a whole family assessment is undertaken following a referral
* It could be that other factors are contributing towards the child’s difficulties (eg housing difficulties, parent mental health) and these need to be explored alongside the social communication needs
* This whole family assessment would be carried out by an identified lead professional in the local community, such as a worker at a children’s centre

 *Pros and cons of this proposal:*

|  |  |
| --- | --- |
| Pros | Cons |
| * Other issues and needs can be identified
* Family can be signposted to other types of support
* Support can be provided to the family much quicker than waiting for a diagnosis
 | * Need to train staff across all of the community settings to undertake whole family assessments
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**Proposal 2:** A period of support should take place in the local community before a child’s case moves to a specialist team

*Reasons for this proposal*

* Following the whole family assessment, a support plan will be agreed with the family identifying how they can access support in the community
* It is important that all young people are attending a setting (eg nursery or children’s centre) in order that they can be observed and assessed alongside other children
* Basic strategies to support good communication and social skills will be implemented by local community settings
* More children and families will be able to access initial support much quicker without waiting for a specialist intervention

*Pros and cons of this proposal:*

|  |  |
| --- | --- |
| Pros | Cons |
| * Early support can be provided much quicker
* Community settings can provide support to groups of parents and families
* If family support is available as part of the package earlier on it should reduce the number of crisis points for families
 | * Need to ensure community staff have the relevant skills and this will require some doubling up of staff in the short term
* Advisory teachers would not typically observe children at this early stage
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**Proposal 3:** We should provide training so that everyone working with young people in the local community has a good knowledge of ASD

*Reasons for this proposal:*

* Basic early intervention and support can be provided in community settings if all staff have a good basic understanding of ASD
* Strategies promoting communication and social skills will support all children and young people
* Staff will be more confident to support children with a range of social communication needs
* The Local Authority plans to deliver Government approved Autism Education Trust training across early years and school age settings

 *Pros and cons of this proposal:*

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| --- | --- |
| Pros | Cons |
| * Improved knowledge of ASD across the community
* More inclusive practice across a wider number of settings
* More consistent practice across different community settings
 | * Cost of training – the programme cost and releasing staff
* Logistics of co-ordinating the training programme
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**Proposal 4:** A range of professionals should decide whether a child goes forward for an ASD assessment

*Reasons for this proposal:*

* Good practice guidelines recommend that the decision about whether a case progresses onto an assessment is taken by a range of professionals
* A number of cases currently progress to assessment and lead to no diagnosis. By introducing a specialist triage, it is anticipated that these cases would be identified before moving to assessment, which would reduce the anxiety for families and enable alternative support to be provided at an earlier point

*Pros and cons of this proposal:*

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| --- | --- |
| Pros | Cons |
| * Potential to reduce the number of assessments leading to no diagnosis
* Potential for a much shorter time period between a child being placed on a list and assessment
* Decision making will be stronger with the right professionals meeting
 | * Takes professional’s time away from other tasks e.g. undertaking assessments
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**Proposal 5:** The number of professionals carrying out the ASD assessment should depend on the complexity of the child’s needs

*Reasons for this proposal:*

* Wandsworth currently operates a 3-person assessment. Although this is thorough and robust, it requires a high level of resources. Many other authorities operate 2-person assessments
* Currently Advisory Teachers collate evidence and attend assessments. This impacts on the time they have to spend supporting families and settings before and after a diagnosis
* In other local authorities, Advisory Teachers do not input into the assessment process
* By recruiting an assessment coordinator, Wandsworth could continue to operate 3-person assessments where these are required, whilst freeing up Advisory Teachers to work with settings
* In the most complex cases, it may still be appropriate for an Advisory Teacher to attend the assessment

*Pros and cons of this proposal:*

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| --- | --- |
| Pros | Cons |
| * Increased capacity for Advisors to spend time with settings or families
* Increased number of assessments can be completed in a day
* An assessment advisor post would add capacity in some of the more tricky assessments
 | * Advisory Teachers will not always observe the child in a setting before the assessment
* Advisory Teachers who have observed the child in a setting will not typically attend the assessment
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**Proposal 6:** The team should be a single service covering ages 0-19

*Reasons for this proposal:*

* Currently families transition from one support service to another when a child reaches age 5
* Families and professionals reported that there were inconsistencies in the support provided between the two services
* Many families reported that they did not know where to turn at times of need
* By creating one single service, a family can be supported by a single key worker throughout a child’s development
* By basing the service at Siward Road, families would have one single point of contact

 *Pros and cons of this proposal:*

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| --- | --- |
| Pros | Cons |
| * Reduce transitions for families
* More consistent support for families
* Single point of support/contact
* Clear where to go at times of need/crisis
* Children with ASD find transitions difficult so a single service would reduce changes
 | * By combining existing services, we could lose some experienced staff
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**Proposal 7:** The service should operate year-round (not term time only)

*Reasons for this proposal:*

* The vast majority of Advisors in both Early Years and School Age are on teacher contracts working term time only – 39 weeks per year
* Although this meets the needs of schools, it impacts on support for families during school holidays
* It impacts on the ability to undertake ASD assessments year-round

 *Pros and cons of this proposal:*

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| --- | --- |
| Pros | Cons |
| * Year-round support to families
* Year-round assessments
* Avoids a backlog of referrals in August
* Prevents delays in dealing with referrals received just prior to the 6 week break
 | * Need to reduce the number of staff on teacher contracts
* Experienced staff could leave the service
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**Proposal 8:** The service should include family support

*Reasons for this proposal:*

* Currently the main focus of the advisory service is to support settings
* Advisors do not currently provide home-based support to families
* Families report that they would like more home-based support, especially at times of crisis

*Pros and cons of this proposal:*

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| --- | --- |
| Pros | Cons |
| * Support can be provided to families with meeting the needs of children in the home
* More specialist family support workers could be recruited who would be better skilled at providing support to families in their homes than specialist teachers
* By supporting families in the home at an earlier stage crisis can be avoided
 | * There would be a reduction in the number of advisory teachers in the team
* Some experienced staff could leave the service
 |

**Proposal 9:** The service should include a range of professionals

*Reasons for this proposal:*

* In order to provide support to families and settings, a range of professionals would be needed
* At times of crisis a team of professionals from different disciplines could identify how best to support the child and family
* A co-ordinated support plan could be provided including the different professionals
* The different professionals could work in a joined up way

*Pros and cons of this proposal:*

|  |  |
| --- | --- |
| Pros | Cons |
| * Families could draw on support from different professionals
* Training and support for families and settings could come from different professionals
* More families and settings could access support and advice from therapists
 | * There would be a reduction in the number of Advisory Teachers in the team
* Some experienced staff could leave the service
 |

**Next steps**

At present these are broad proposals and we will be using the feedback from the consultation and from our ongoing discussion with our partners across the different services, including the future providers of the service, to formulate our final plans.

Within the proposals we have costed an indicative staffing structure to determine if a multi-agency team is viable using the existing budget. The final detail of this team will be agreed in discussion with the future providers of the service and in response to the feedback we receive. Any future service will look to maintain and build on the existing good links with the Consultant Paediatrician, specialist speech and language service and CAMHs.

We will be taking our finalised proposals for change to the June 2019 Education and Children’s Services Overview & Scrutiny Committee for approval.

**The consultation will be open from 8 March to 26 April 2019.**