**FAQ updated 25.3.19**

**Is this about saving money?**

No, the council will be allocating the same budget that would have gone to the early years’ service and Garratt Park Advisory service to the new service.

**Are you looking to reduce the number of ASD diagnosis?**

No, we are looking to ensure that all families and children receive support as soon as concerns are identified and then where it is necessary an ASD assessment is undertaken as quickly as possible.

**Will this lead to longer waiting times for ASD assessments?**

We anticipate that the changes will reduce the time that a family waits for an ASD assessment. By providing a whole family assessment and more early support within the community it is anticipated that when a child progresses forwards for an ASD assessment there is better information available allowing a quicker process. Where there is clear evidence in an initial referral that a child needs an ASD assessment this child will be fast tracked.

**Will this mean that unskilled staff in the community will be supporting children in place of specialist staff?**

We will be providing Autism Education Trust training free of charge to all settings to improve ASD knowledge across the borough. This is to enable all staff to be able to implement basic strategies to support good communication. This does not replace the support provided by the Advisory team but will be in addition.

**How will you ensure that staff in the community are adequately trained to undertake whole family assessments?**

For an initial period, trained staff will work alongside community staff to undertake family assessments whilst we train the workforce.

**Will the changes reduce the support available to schools/ settings?**

The proposed new team would include up to a 40% increase in staff within the Advisory service. It could mean that there would be a reduction in Advisory teachers, however there would be an increase in staff with different skills to provide support to schools and families

**Will this lead to any redundancies?**

In order to create a multi professional advisory service we would need to change the mix of staff within the team. This could lead to some redundancies for existing staff.

**Will schools/ settings be charged for the services?**

There are no plans to charge for the support services.

**Why are you proposing to use assistants?**

With increasing numbers of diagnosis and a need to provide more family support there is a need to expand the team. One way to do this is to recruit highly trained assistants which would enable us to increase the capacity of the team by up to 40%.

**Will the use of higher level teaching assistants and therapy assistants impact on the quality of delivery?** We feel that there are tasks within the service that can be carried out effectively by highly trained and experienced assistants and that the service would reach a larger number of children and families by increasing the capacity of the team. The team would include qualified teachers and specialist therapists who would manage the assistants and would maintain oversight.

**Why have you chosen these languages for translation?**

These languages were chosen based on an analysis of the first language provided for all children with an EHCP in September 2018 who were Wandsworth residents.

**Is a family assessment about judging/ blaming a family?**

We want to work collaboratively and sensitively alongside families and therefore we think it is important that conversations are led by professionals that families are comfortable with and have built a relationship with. We will be working closely with colleagues from Early Help to understand if there are any tools/ questionnaires that we could use to support the process, but the emphasis will be on the quality of the conversations.

**How will you ensure that all families/ professionals understand the referral process?**

We will be displaying the pathway on our local offer website and will include some videos to explain how the process works. In addition, we will be training community professionals so that when families first raise concerns they are given up to date information.

**Who else will you be training; will it include staff in children’s centres and Early Help practitioners?**

We plan to provide training to all our early year’s settings including children’s centres. Any Early Help staff who will be involved in assessing families will have received training in ASD.

**How will you ensure all settings have trained staff when the turnover of staff can be high?**

We have a 3-year training delivery plan, and this includes repeating the training on a rolling programme. All training will be free for the first year as an incentive to settings.

**Will training to schools/ early year’s settings replace the input from the specialist service?**

One of the key roles of the Advisory service has always been to upskill settings so that they can deliver effective support and intervention. Moving forwards this would continue this to be the case and the Advisory service will still be available for ongoing training and advice and to provide direct work e.g. at times of transition or crisis.

**Do you have any plans to train GPs?**

We are working closely with the clinical Lead for GPs in Wandsworth to explore ways that we can improve the referral pathway for GPs. It is also important that everyone is aware that you do not have to go to the GP for a referral but that other professionals e.g. school SENCo can refer a child.

**How will the new service link with CAMHs (Child and Adolescent Mental Health services)?**

The South West London Child and Adolescent Neurodevelopmental service will continue to undertake ASD Assessments for children aged over 8 years. We will be looking to provide stronger links between them and the revised service. One way would be for CAMHs to alert the service about all new diagnosis (with parental consent). We are already working closely with the CAMHs Clinical Commissioner to identify how we can work together to better support families post diagnosis.

**Will children and families still have a link person within the Advisory Service?**

The exact ways of working will be down to the leaders of the new service. However, it is anticipated that children/ families will have a lead professional but that any intervention may be delivered by a different professional if this is more appropriate.

**What are the NICE guidelines for ASD assessments?**

The following link gives the NICE guidelines on ASD assessments. <https://www.nice.org.uk/guidance/cg128>

**How will the service provide effective support when the rates of diagnosis are continuing to rise?**

The council have been tackling the increased numbers of diagnosis in a number of ways. The Advisory service is a key strand, but this sits alongside an increase in the number of places in our special schools, an increase in the number of places in specialist resource bases (provisions attached to mainstream schools) and raising expectations for inclusion of pupils with ASD in our mainstream schools through initiatives such as the Autism Inclusion Mark.

**How will the new service provide line management and supervision for a range of professionals?**

One option would be to have a model whereby professionals are line managed by the Head of the single service but continue to receive clinical supervision and CPD from their clinical leads. This model already works very successfully in the School and Community Psychology service where Educational Psychologists receive clinical supervision and CPD from the Head of service and yet work on a day to day basis within a different team such as the virtual school for children looked after.

**I thought there were already Speech and Language Therapists within the Early Years’ Service?**

There are a number of specialist NHS Speech and Language Therapists who work with children on the ASD Pathway. These posts will continue and will work closely with any additional therapists who are recruited in to the new service.