



Solihull
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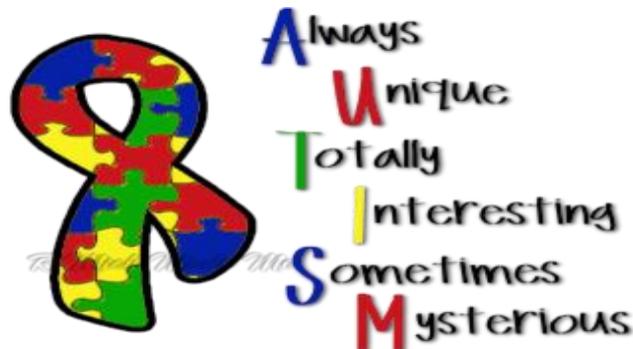


Clinical Commissioning Group

Solihull MBC

Solihull All Age Autism Strategy.

2016 - 2019





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1.

Introduction.

The Solihull All Age Autism Strategy 2016-2019.

This document is the first Solihull Autism Strategy; its purpose is to provide a focus for what needs to be done in Solihull to ensure that children, young people and adults with Autism are valued members of the community.

A personalised, community based approach for everyone.

“Personalisation and community are the key building blocks of a reform agenda, shaped around an individual’s own expertise and resources. When people need on-going support, this should help them to retain or regain the benefits of community membership including living in their own homes, maintaining or gaining employment and making a positive contribution to the communities they live in.”

(Think Local Act Personal Guidance, 2011, pp.)

The Strategy recognises that the needs of children, young people and adults with autism vary considerably across the whole spectrum. Some may require specialist support and advice, whilst many just need occasional information and guidance from organisations used by the general population.

Over the summer of 2015 individuals were able to give their views on the Strategy through an online survey, email comments on the circulated draft Strategy and a consultation event at Solihull College attended by over 50 people. This consultation lead to the revision of the strategy and the inclusion of a list of priorities identified at the consultation event.

The **Key Objectives** section of the strategy explains what we think we need to do, how we will do it and how we will check that is has been done.

Key things to look for are:

- **How we raise awareness of autism.**

- **How we diagnosed individuals in Solihull.**
- **How we provide quality information and services.**
- **How we involve children, young people and adults with autism, their families and relevant organisations in making the strategy happen.**

To achieve the aims of the Autism Act 2009 in Solihull, we have prepared this all-age strategy in recognition of the fact that autism is a lifelong developmental disability. We recognise the importance of an early diagnosis, and the role that services can play in meeting the needs of individuals with autism in Solihull.

The strategy has been informed by input from a range of people, including individuals with autism, their families, carers and the services which support them. Its purpose is to set out objectives and actions which reflect local need.

This strategy has been prepared with the intention of defining how agencies across the Borough of Solihull will meet the national vision and objectives, along with additional priorities identified locally.

There is currently no specific budget for autism services and support. This strategy's main focus is, therefore, to ensure existing resources are used in the most cost effective way to meet the needs of children, young people and adults with autism.

By identifying the commissioning priorities and partnership activities across Solihull that are required over the next three years, we are striving to increase awareness of autism and deliver effective support and services for children, young people and adults with autism and their families.

We are committed to working with individuals with autism their families, carers and key partner organisations to improve the lives and life opportunities for children, young people and adults with autism.

2. What is autism?

There is a debate about the most appropriate and accurate language which should be used to define autism. For this strategy we have chosen to use the term **Autistic Spectrum Condition** as it reflects that individuals with an autism spectrum condition have areas of cognitive strength, rather than solely a disorder which requires a medical diagnosis. The term **Autistic Spectrum Disorder** is still widely preferred by many people, as they feel that the term condition suggests that autism can be “cured”.

Autism can be thought of as a ‘hidden disability’ as people may not be able to tell that someone is autistic from their outward appearance.

Children and Young People.

Definition from the Autism Education Trust.

Autism is a term used to describe a neurological difference in brain development that has a marked effect on how a person develops. There are four areas of difference that are particularly important for staff in schools and educational settings to understand and pay attention to because most pupils with autism will have individual educational needs to be met in these areas. Every child on the autism spectrum will have a range of abilities within each of these areas. Many pupils on the spectrum have high levels of anxiety. Pupils on the autism spectrum have differences in:

- Interacting
- Processing Information
- Sensory Processing
- Communication

Autism is known as a spectrum condition because of the range of difficulties which affect people with autism, and also because of the range of ways the difficulties may present in different people.

Adults.

Definition from the National Adults Autism Strategy.

The National Adults Autism Strategy defines autism as a lifelong Neuro-developmental condition that affects how a person communicates with and relates to other people. Autism also affects how a person makes sense of the world around them.

Autism is often described as a 'spectrum disorder' because the condition affects individuals in many different ways and to varying degrees.

There are three main areas which all adults with autism have difficulty with – to a greater or lesser extent, and are known as the 'triad of impairments', they are difficulties with:

Social communication: for example, problems using and understanding verbal and non verbal language, such as gestures, facial expressions and tone of voice.

Social interaction: for example, problems in recognising and understanding other people's feelings and managing their own feelings.

Social imagination: for example, problems with predicting other people's intentions and behaviour and imagining situations outside their own routine.

Many people with autism experience some form of sensory over-sensitivity (hypersensitivity) or under-sensitivity (hyposensitivity) for example to sounds, touch, tastes, smells, light or colours. Individuals with autism often prefer to have a fixed routine and can find change incredibly difficult to cope with.

Many children, young people and adults also have difficulty processing everyday sensory information such as sounds, sights and smells. This is usually called having sensory integration difficulties, or sensory sensitivity. People who struggle to deal with all this information are likely to become stressed or anxious, and possibly feel physical pain. This can result in in some people behaving in ways which are perceived as challenging or complex.

3.

Legislation.

Children and Young People.

The Carers and Disabled Children's Act 2000.

The Carers and Disabled Children Act 2000 came into force on 1 April 2001 and is concerned with the assessment of carers' needs, providing services to help carers and making payments to carers and disabled children aged 16 or 17 in lieu of the provision of services to them.

The Act differs from the Carers (Recognition and Services) Act 1995 because that is concerned with carers' assessments for the purpose of constructing appropriate care packages for disabled children.

The Act gives local councils the power to supply certain services direct to carers following assessment and a right to a carer's assessment even where the person cared for has refused an assessment.

Persons with parental responsibility for a disabled child (parents or other carers) also have a right to ask for an assessment.

The Act gives local councils the power to make direct payments to carers (including 16- and 17-year-old carers receiving support under the Act) to meet their own assessed needs. They may also make direct payments to parents of a disabled child to purchase services to meet the assessed needs of the disabled child and family.

The Children & Families Act 2014.

The Children & Families Act 2014 aims to help children get adopted faster if adoption is the right thing for them. It helps children who are in the care of the council to do better at school. It makes changes to help the family courts work better for children. It makes changes to help children and young people who have a disability or special educational needs at school. It also changes the way the Children's Commissioner works for children.

The Act also makes changes to help with many sorts of difficulties or challenges children can face in their lives. It aims to make sure schools give more help to children who have medical problems. It means more help for young carers who look after someone else. For children in care, there are changes to improve children's homes. There are changes that will let foster children carry on staying with the families who have fostered them after they reach 18.

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.

Special Educational Needs and Disability Code of Practice: 0-25 years, January 2015.

Statutory guidance for organisations which work with and support children and young people who have special educational needs or disabilities.

This Code of Practice provides statutory guidance on duties, policies and procedures relating to **Part 3 of the Children and Families Act 2014** and associated regulations and applies to England. It relates to children and young people with special educational needs (SEN) and disabled children and young people. A 'young person' in this context is a person over compulsory school age and under 25. Compulsory school age ends on the last Friday of June in the academic year in which they become 16. For ease of reference, young people are referred to in this Code of Practice as 'over 16'.

For children and young people this means that their special educational needs and disabilities will be picked up at the earliest point with support routinely put in place quickly, and their parents will know what services they can reasonably expect to be provided. Children and young people and their parents or carers will be fully involved in decisions about their support and what they want to achieve. Importantly, the

aspirations for children and young people will be raised through an increased focus on life outcomes, including employment and greater independence.

Special educational needs (SEN)

A child or young person has SEN if they have a learning difficulty or disability which calls for special educational provision to be made for him or her.

A child of compulsory school age or a young person has a learning difficulty or disability if he or she:

- has a significantly greater difficulty in learning than the majority of others of the same age, or
- has a disability which prevents or hinders him or her from making use of facilities of a kind generally provided for others of the same age in mainstream schools or mainstream post-16 institutions.

Adults.

The Solihull All Age Autism Strategy uses the Adult Autism National Strategy outcomes identified in the Department of Health Guidance (2014) as a starting point. These clearly state the expectations on Local Authorities, the Solihull Strategy, therefore, focuses on the local objectives required to deliver the outcomes.

The Autism Act 2009 and Strategic Guidance 2015 do not come with any new money to deliver services, but make the point that many children, young people and adults with Autism do not need specialist services, but do require all organisations to understand autism, and to make reasonable adjustments to appropriately support individuals with Autism.

The Autism Act 2009.

The publication of the **Autism Act 2009**, the first national adult autism strategy for England was seen as a significant and important step to delivering the Government's ambition to unlock aspiration and make a reality of genuine equality of opportunity for all people with autism.

Fulfilling and Rewarding Lives Strategic Guidance 2010.

This strategic guidance for the Autism Act 2010 gave local councils and local health bodies a legal duty to implement the Act and has been a catalyst for local areas to address the needs of adults with autism.

The guidance sets out a vision that

“...all adults with autism are able to live fulfilling and rewarding lives within a society that accepts and understand them. They can get a diagnosis and access support if they need it, and they can depend on mainstream public services, to treat them fairly as individuals, helping them makes the most of their talents”.(page 15)

THINK AUTISM Fulfilling and Rewarding Lives, the strategy for adults with autism in England: an update. (HM Government, April 2014)

What does the “Fulfilling and Rewarding Lives: the strategy for adults with autism in England” say?

The guidance sets out a number of priorities for central government, local authorities, the NHS and Jobcentre Plus; with a focus on five key objectives:

1. Increasing awareness and understanding of autism
2. Developing a clear, consistent and effective pathway to diagnosis
3. Improving access to the services and support which adults with autism need to live independently within the community
4. Supporting adults with autism into employment
5. Enabling local partners to plan and develop appropriate services to meet identified needs and priorities.

A Summary of the Key Areas of Change Identified in the Autism Act. 2009

1. Diagnosis.

Some people live with autism for their entire life without ever getting a formal diagnosis. Often this is simply because autism wasn't widely known or understood when they were growing up. For adults, a diagnosis of autism can help to explain why they have always found certain things difficult. For children, it can mean that the right support is put in place from an early age.

The guidance is clear that on receiving a diagnosis of autism, adults with autism should expect to be offered a community care assessment, regardless of their IQ and where they are on the spectrum. It also says that carers can be expected to be informed of their right to a carer's assessment following a diagnosis.

The guidance says: 'Assessment of eligibility for care services cannot be denied on the grounds of the person's IQ.'

2. Training

The guidance sets out a number of key duties on local councils and National Health Services bodies on training. The duties mean that adults with autism, their families and carers can expect that in the future, all staff working in health and social care have had some autism awareness training. They can also expect that staff in roles which have a direct impact on access to services for adults with autism – such as GPs, community care assessors and commissioners/service planners – have received specialist autism training.

The guidance also sets out that as much as possible adults with autism and parents/carers should be involved in the planning or commissioning of training. In Solihull, all Early Years settings, schools and Colleges can access free Autism Educational Trust (AET) training provided by the Specialist Inclusion Support Service (SISS), Early Years Special Educational Needs Development Team and the Autism Team who are affiliated to the AET.

3. Local leadership

The guidance is clear that every local authority should ensure that there is a named joint commissioner/senior manager with responsibility for the commissioning of services for adults with autism.

This should help ensure that there is someone at a local level taking responsibility for developing services for all adults with autism across the spectrum and helping to ensure that adults with autism no longer 'fall through the gap' between services at a local level.

The guidance also reiterates the importance of autism partnership boards, which bring together people with autism, parents/carers, local authority staff and health staff to help plan and develop services locally.

The guidance says that there has to be a clear pathway to diagnosis in every local area. This means that wherever people live, they should be able to access a diagnosis and their local NHS and local authority should be able to tell them how they can access diagnosis.

4. Development of services

The guidance says that local areas have to develop a plan for what services they provide for adults with autism. Adults with autism and parents/carers should be involved in the development of these plans. This means that local areas now need to develop plans for the improvement of services for adults with autism.

5. The Priority Challenges.

The 2014 update identifies fifteen priority challenges for action identified by people with autism, their carers, professionals and others who work with people with autism. The fifteen priority challenges for action are:

1. 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 of autism.
2. I want my views and aspirations to be taken into account when decisions are made in my local area. I want to know whether my local area is doing as well as others.
3. I want to know how to connect with other people. I want to be able to find local autism peer groups, family groups and low level support.
4. 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.
5. I want to be safe in my community and free from the risk of discrimination, hate crime and abuse.
6. I want to be seen as me and for my gender, sexual orientation and race to be taken into account.
7. I want a timely diagnosis from a trained professional. I want relevant information and support throughout the diagnostic process.

8. I want autism to be included in local strategic needs assessments so that person centred local health, care and support services, based on good information about local needs, is available for people with autism.
9. I want staff in health and social care services to understand that I have autism and how this affects me.
10. I want to know that my family can get help and support when they need it.
11. 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 transitions from schools, getting older or when a person close to me dies.
12. I want people to recognise my autism and adapt the support they give me if I have additional needs such as a mental health problem, a learning disability or if I sometimes communicate through behaviours which others may find challenging.
13. If I break the law, I want the criminal justice system to think about autism and to know how to work well with other services.
14. I want the same opportunities as everyone else to enhance my skills, to be empowered by services and to be as independent as possible.
15. I want support to get a job and support from my employer to help me keep it.

Solihull MBC's Statutory Responsibilities.

- The Carers and Disabled Children's Act. April 2000.
- The Autism Act 2009 placed a duty upon the Government to produce a strategy by April 2010.
- Fulfilling and Rewarding Lives: The Strategy for adults with autism in England (March 2010)
- Towards 'Fulfilling and Rewarding Lives': The first year delivery plan for adults with autism in England (April 2010)
- Implementing Fulfilling and Rewarding Lives: Statutory Guidance for local authorities and NHS organisations to support implementation of the autism strategy (December 2010)
- Transforming Care: A National Response to Winterbourne View Hospital (December 2012)

- THINK AUTISM Fulfilling and Rewarding Lives, the strategy for adults with autism in England: an update (April 2014)
 - Children & Families Act 2014.
 - Care Act 2014.
 - Special Educational Needs and Disability Code of Practice: 0-25 years. January 2015.
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4.

Consultation.

It was decided early in the development of the strategy, that the best way to build on the initial consultation work was to develop a draft strategy that people could comment on. This was partly because we already had a lot of information about the issues for people with autism and their families, and partly because the Government had already set the agenda for what the strategy needed to cover, what was missing was the Solihull detail.

The initial consultation completed with people with autism and families, led to the drafting of the strategy which was agreed by the Cabinet member for Health and Wellbeing and the Solihull Health and Wellbeing Board as a document to be consulted on.

The Consultation approach taken was:

- The Strategy was posted on the Councils web site with a consultation survey.
- The Strategy was emailed out to a range of individuals, groups and organisation for comment, this included parent support groups and the support group for people with autism.
- As part of the consultation development an extensive email group was established; this includes individuals, organisations, families, support groups and so forth. This route was also used to ensure we could maximise the circulation of the draft strategy.

- The Strategy was widely sent out to key departments within the Council for consultation.
- A consultation event was run in October 2015 which over 50 people attended and contributed too.

The consultation process has lead to many changes to our Strategy to better reflect the issues and priorities identified during the consultation.

The table below summarises the priorities identified during the course of the consultation.

<u>Key Priorities Identified Through Consultation.</u>
Diagnosis.
Opening up who does the assessments
Clear diagnosis pathway.
Establish standards for the diagnosis assessments.
Clear referral pathway for adults, information is not available.
Clear diagnostic pathways for children, young people and adults.
Quality of the assessment.
Independence.
Central interface where people can access support around general life things – individuals and agencies.
Teach independence at an earlier age; don't expect people to just be independent.
Being able to record meetings and appointments such as consultations so that they can be listened to again to aid understanding.
Awareness.
E-learning awareness training for all staff.
Public awareness of autism
Have an awareness campaign.
Increase the profile of autism to at the equivalent of dementia.
Increase the profile to equivalent of dementia or better.
Giving people with autism a voice, including those who have difficulty communicating for themselves.

Market shaping to ensure that opportunities are available (innovation).

Ensure that benefits of employment are understood, value/awareness/equal contributors to society.

Valuing People with Autism.

Putting people with autism at the heart of consultation and strategic work, and valuing their input.

Self advocacy groups.

Self advocacy groups to feed into the strategy.

Give people with autism a voice.

Make use of the 2006 Autism Review report.

Follow NICE guidelines, particularly about consultation.

Promote the autism charter.

Transition.

Change the criteria for people in transition to allow specialist autism services such as mental health, education, all services working together regardless of age.

Clear communication and integrated approach to transition.

More support for parents and families during transition.

Establish a transitional service for 0 – 25s

To increase the understanding of the aspirations of people in transition across all settings.

Family Support

Providing wider practical support for families and carers.

Employment

Increased focus on sustaining employment as well as finding it.

Promote the value of volunteering (missing from the strategy)

Market shaping to create employment opportunities and innovation.

More emphasis on the value and benefits of employment for people with autism.

Full time SENCOs – everyone is trained.

Implementation is audited and evaluated.

ASD training for school staff

Making the school environment appropriate for people with ASD.

6. The Solihull Objectives.

“What we want to do and how we will do it”

The Key Solihull Objectives

For the purpose of the Solihull Autism Strategy we have grouped the 15 National Adult Strategy objectives into 10 Key All Age Solihull Strategic Objectives.

Goal 1.

Ensure schools in the borough are able to support children and young people with autism effectively.

Lead agency:

Solihull Council.

Children’s Services and Skills Directorate

What is the progress so far?

- The Specialist Inclusion Support service (SISS) Autism Team and SISS Early Years (EY) Special Educational Needs and Development (SEND) Team are affiliated training hubs for the Autism Education Trust (AET). This programme has three tiers of training and is now accessible to all schools, Early Years Settings and pre-school providers in Solihull at no additional cost.
- The Autism Team monitor all pupils in Solihull within mainstream settings with a diagnosis of autism and all schools can access a specialist teacher from the team.
- For children with a diagnosis in the Early Years, their settings can access support from the Early Years SEND Team.
- SISS teams use the AET National Standards and Professional Competencies to develop staff skills and knowledge.
- SASSI (Solihull Autism Spectrum Support and Information) is a support group that meets monthly. Anyone with an interest in autism can attend and it is an

opportunity for families to talk and learn from each other as well as from invited speakers.

What next?

1. Settings, Schools and colleges provide appropriate support to children and young people with autism.

Some of the things we hope to do are:

- To ensure that parents of children and young people with autism are better equipped to support their child at home.
- To review and consult on the children and young people's autism pathway.
- To increase opportunities for families of people with autism to talk to and learn from other families of people with autism.
- To ensure that all school staff have basic autism awareness training.
- To ensure that frontline staff has training to enable them to support people with autism.
- To ensure that schools are aware of the autism diagnosis pathway for children and young people.
- To ensure that there is support to prevent school breakdown for children where anxiety prevents them from attending.
- To ensure that college staff has autism awareness training.
- To ensure that college courses can meet the needs of people with autism.
- To ensure that children and families are supported during their transition from primary to secondary school and onto college.

Goal 2.

Develop clear, consistent and effective pathways to diagnosis for children, young people and adults.

Lead agency:

Solihull Clinical Commissioning Group.

What is the progress so far?

- The autism diagnosis pathway for children and young people is currently under review.

- The autism diagnosis pathway for adults is being piloted.

What next?

1. People have received a diagnosis of autism where it is appropriate.

Some of the things we hope to do are:

- To have a clear diagnostic pathway for children and young people.
- To ensure the people with suspected autism, families and parents have access to and understand the diagnostic pathways for children, young people and adults.
- To develop a clear adult's pathway to diagnosis.
- To monitor the effectiveness of the pathway adult diagnostic services.
- To ensure that children's diagnostic assessments continue to meet NICE (National Institute for Health and Care Excellence) guidelines.
- To ensure that adults' diagnostic assessments are carried out in line with NICE guidelines
- To signpost for other appropriate assessments where someone has a coexisting physical or mental health condition.
- To ensure that diagnosis leads to people and their families and cares receiving information and support.

2. Professionals know how to refer individuals for a diagnostic assessment at the appropriate level.

Some of the things we hope to do are:

- To provide information and training for GPs to enable them to know when and where to refer people for a diagnostic assessment.
- To ensure that the referral information is on the Map of Medicine.
- To provide GPs with clear criteria for determining the level of assessment required.
- To ensure that schools understand the diagnosis pathway.

3. Post diagnosis support is available to children, young people and adults.

Some of the things we hope to do are:

- To consult further with people with autism to see what support may be appropriate.

4. The diagnostic pathway identifies autism in females and people from Black and Minority Ethnic (BME) groups.

Some of the things we hope to do are:

- To ensure that the diagnostic tool used is appropriate for females and BME groups, for example The Social Responsiveness Scale (SRS)

Goal 3.

Improve the experience of young people with autism transitioning to adulthood

Lead agency:

Solihull Council.

What is the progress so far?

- There is a current process for children and young people with a diagnosis of autism at the key educational transition points (Foundation to Key Stage 1, Key Stage 2- 3 and Primary to Secondary). This is provided by SISS EY SEND Team and SISS Autism Team in partnership with schools and settings.
- Currently young people with autism moving in to Post-16 provision are supported if accessing Post-16 education in a school.
- A Children and Young People's SEND Service is under development and due to be in place by September 2016
- A 0 – 25 service is being developed.

What next?

1. There is a clear transition pathway for young people moving from children's services to adults' services.

Some of the things we hope to do are:

- To ensure that the transition pathway for young people with special needs and disabilities addresses the needs of people with autism particularly those that will require support from adult services.
- To identify and consider the support for people who do not qualify for social care support.
- To ensure that young people in transition are linked into employment services.
- To ensure that the Transition Pathway provides information on the number of people with autism who will need an adult social care assessment so that they can be planned.

- Children's and adult services have a clear understanding of what they each provide.
 - Children's and adults services meet regularly to monitor the support needs of individuals.
 - Children and adults services have shared training about autism and skill development.
 - To build on existing a data collection systems to identify all children with special needs and tracks them as they progress through school.
 - To use the data collected to identify support and resource needs in the future.
 - To develop an annual reporting process that shows the number of people with autism in education.
 - To ensure that the Community Information Hubs can give information to people in transition and their families.
-

Goal 4.

Increase awareness and understanding of autism across all public services and providers in the borough.

**Lead agency:
Solihull Council.**

What is the progress so far?

- Solihull Inclusion Support Service (SISS) Autism Team has been commissioned to deliver Autism awareness training to foster carers and social care professionals. This contract has been renewed for 2016/17. Children?
- SISS have developed partnerships and provided autism awareness training with Solihull Active Children's Team,
- All families of children and young people diagnosed with autism in Solihull are offered post-diagnostic support and/or autism awareness training from SISS.
- Autism West Midlands are commissioned to deliver some autism focused parent training.
- Autism awareness training has been provided the Chelmsley Wood and Solihull Central library and Community Information Hub staff.

What next?

1. All Solihull Council staff, particularly frontline staff, need to be autism aware.

Some of the things we hope to do are:

- To develop a Local Authority Training plan that provides autism awareness training as part of everyone's induction.
- To provide Autism Awareness e-learning package for council staff.
- To provide specialist training for those staff directly supporting or in contact with people with autism.

2. Adult Social Care Teams will have a team member who acts as an information point and representative for the team.

Some of the things we hope to do are:

- To identify autism champions within key council teams/service areas and develop their skills and expertise.
- To define the champions role.

3. All mainstream public services, particularly frontline staff, will be autism aware. E.g. police, health staff, doctors surgeries etc.

Some of the things we hope to do are:

- The Clinical Commissioning Group will ensure that Autism Awareness is part of staff induction.
- To engage with key agencies/council departments to make them aware of the training objective.

4. All staff working in schools and colleges, not just teachers and learning support assistants', will be autism aware.

Some of the things we hope to do are:

- Ensure that all education staff will have Autism Awareness training as part of their induction.
- Ensure that there is specialist training for those staff directly supporting or in contact with people with autism.

5. People with autism and their families/carers will have been involved in developing training programmes.

Some of the things we hope to do are:

- To ensure that training courses have people with autism involved in delivering them.

6. Support services are appropriately trained to support people with autism

Some of the things we hope to do are:

- To ensure that the services arranged by the council have an awareness of autism and that people providing services to people with autism have trained staff with an appropriate level of autism knowledge and skills.

Goal 5.

Improve health outcomes for children, young people and adults with autism

Lead agency:

Solihull Clinical Commissioning Group.

What next?

1. We consistently record whether or not people have a diagnosis of autism.

Some of the things we hope to do are:

- To agree a consistent code for GPs to use when recording autism.
- To ensure that social care teams record on their system when someone has a diagnosis.

2. GPs, mental health practitioners and hospital services, have the skills and knowledge to effectively support people with autism.

Some of the things we hope to do are:

- To ensure that GPs are given criteria and tools to be able to identify people who would benefit from a diagnostic assessment for autism and appropriately refer them.
- To ensure key primary care staff are trained in working with people with autism
- To ensure that mental health practitioners have the right skills and knowledge to support people with autism.

- To ensure that secondary care clinicians and staff have the right skills and knowledge to support people with autism

3. People understand the reasons behind behaviours that might be perceived as challenging and respond appropriately.

Some of the things we hope to do are:

- To ensure that people are able to get training to understanding the reasons behind “behaviours that challenge”
- To ensure that people with autism who develop behaviour that challenges are assessed for possible triggers, including physical health conditions, mental health problems and environmental factors.
- To ensure that where relevant staff have the right training, skills and techniques to safely and support effectively a person who is seen as having particularly complex needs.

Goal 6.

Support people with autism to feel valued and safe in their local community.

Lead agency

Solihull Council

What next?

1. People with autism have more opportunities to meet and socialise with other people, including those with autism.

Some of the things we hope to do are:

- To provide autism support groups in Solihull.

2. The risk of anti-social behaviour towards people with autism is reduced.

Some of the things we hope to do are:

- To ensure that the Safe Places Scheme includes a consideration of the specific needs of people with autism.
- To identify what people with autism need to feel valued and safe in their local community.
- To work with public transport providers to ensure that people with autism can feel safe travelling by public transport.

- To work with West Midlands Police to ensure that autism awareness training is provided to all frontline staff.

3. The wider community understanding of autism is improved and that this leads to greater acceptance of difference.

Some of the things we hope to do are:

- To ensure that opportunities are offered to people with autism to contribute to their local community

4. The views of people with autism about the things that impact on their daily life are heard.

Some of the things we hope to do are:

- To identify how we will listen to the voices of people with autism in monitoring the implementation of this strategy and in the review of services
- To develop an Autism Partnership Group.

Goal 7.

Improve access to the services and support which children, young people and adults with autism need to live independently within the community.

**Lead agency:
Solihull Council**

What next?

1. Service provider managers and frontline staff make reasonable adjustments to ensure that their services are accessible for people with autism.

Some of the things we hope to do are:

- To develop “How to be autism friendly” guidelines for service providers.

2. People with autism are not over-reliant on their family carers for solutions, particularly when dealing with unfamiliar situations

Some of the things we hope to do are:

- To explore the use of assistive technology to enhance people's independence and capacity to successfully manage unfamiliar or unexpected situations.

3. People are aware of the autism alert card and how to get one.

Some of the things we hope to do are:

- To promote autism alert cards, and provide information on how one can be obtained.

4. The Council provide information about the impact that the design of a physical environment can have, in terms of lighting, noise, colours, and amount of personal.

Some of the things we hope to do are:

- To ensure that Council employees who have input into designing the public realm receive autism-specific design training
- To ensure that design guidelines produced by the Council include an appreciation of autism-friendly design to encourage developers to incorporate autism-friendly designs
- To ensure that new Community Information Hubs take account of the needs of people with autism.

5. People with complex needs are made aware of the range of housing options available to them.

Some of the things we hope to do are:

- To provide clear information and advice to children and young people who may need to access adult services. To gather information to support early planning for different housing options
- To promote a range of housing options to people with autism, including supported living, which enables people to live in their local community.
- To ensure that assessments and person centred plans identify an individual's preferred housing and support options
- To offer "travel training" to young people and adults with autism to promote independence.
- To promote the use of direct payments and other mechanisms to ensure innovative approaches to supporting people with autism to live independently.

6. Autism is better understood by the local community.

Some of the things we hope to do are:

- To promote general awareness of autism using a range of media.
- To develop Solihull Autism information portal to make available information and resources that will increase understanding of autism amongst the wider community.
- To raise awareness of autism locally during national autism day.
- To make autism e-learning available to all.

7. More social activity opportunities are available for the post 16 age group

Some of the things we hope to do are:

- To understand what social opportunities the 16 to 25 age group want.

8. Preventative support is available to the 16 to 25 age group who do not meet the social care eligibility criteria

Some of the things we hope to do are:

- To identify what gaps exist.
- To engage with organisations and develop strategies to address the gaps identified.

Goal 8.

Helping adults with autism into employment

Lead agency:

Job Centre Plus.

What next?

1. People with autism have support to look for employment.

Some of the things we hope to do are:

- To identify what current employment services provided are doing for adults with autism.
- To identify apprenticeship schemes and make them aware of people with autism.
- To ensure that children and young people are supported to plan for and seek employment.
- To ensure that young people and adults are linked into employment support services.

- To involve employment services in the Autism Partnership Group.
- To ensure that the assessment and care planning process for adults eligible for Social Care considers employment as a key outcome.
- To ensure that the Adults eligible for Social Care are signposted to employment support services where appropriate.
- To consider whether personal budgets can be used to support adults with autism to become work ready.
- To ensuring that transition plans for young people with autism include employment as a key outcome.
- To ensure that people are supported to maintain employment.

2. The number of people with autism in work is increased.

Some of the things we hope to do are:

- To ensure that guidance and training about autism is available for employers and employment support services.
- To engage with employment staff and Disability Employment Advisors.
- To ensure that employers are aware of the Hidden Impairment Toolkit²⁰ and include it in their training programmes.

3. People with autism are support to access employment initiatives; for example the Work Programme which provides personalised back to work support for unemployed people.

Some of the things we hope to do are:

- To engage with employment staff and Disability Employment Advisors.
- To link with employers.
- To link with Access to Work for interview support.
- To ensure that Solihull MBC to set an example locally in becoming an autism friendly place to work.

Goal 9.

Plan and develop appropriate services to meet identified needs and priorities.

Lead agency:

Solihull Council.

What next?

1. Data on the numbers and needs of people with autism at a local level needs is collected to inform effective planning and commissioning.

Some of the things we hope to do are:

- To establish local agreement on the Read Code to be used consistently by GPs to record autism.
- To ensure, where relevant, that Social Care assessment identifies if someone's primary or secondary support needs are due to autism.
- To collect information about the number of people who receive a diagnosis.
- To identify the number of carers supporting people with autism.
- To gather information from advocacy and befriending providers on the number of people with autism they are supporting.
- To ensure that the Health and Wellbeing Strategy includes the needs of people with autism.
- To ensure that Health and Social Care are collecting the right information and include it in key reports and strategies such as the Joint Strategic Needs Commissioning Plan.
- To ensure that the Solihull Clinical Commissioning Group's contract with Heart of England Foundation Trust requires information on admissions of people with autism to be counted.

2. Services are able to meet the needs of females and people from BME groups with autism.

Some of the things we hope to do are:

- To ensure that services are equipped to meet the needs of females and BME groups.

Goal 10.

Ensure that families and carers of children, young people and adults with autism are adequately supported

Lead agency:

Solihull Council

What is the progress so far?

- Parents access specialist support from SISS Early Years SEND or Autism Team at the point of diagnosis.
- SASSI (Solihull Autism Spectrum Support and Information) is a support group that meets monthly, anyone with an interest in autism can attend and it is an opportunity for families to talk and learn from each other as well as invited speakers.
- All families of children and young people diagnosed with autism in Solihull are offered post-diagnostic support and/or autism awareness training from SISS.
- Autism West Midlands are commissioned to deliver some autism focused parent training

What next?

1. Parents and carers are able to access information, advice and support to maintain the support they provide.

Some of the things we hope to do are:

- Link with the Lead Officer for the Carers Strategy to ensure the needs of carers of people with autism are included.
- Ensure that support services for carers have an awareness of autism.
- Ensure that the Solihull Carers Centre have the appropriate awareness and skills to support carers of people with autism and carers with autism.
- Ensure that a diagnosis of autism triggers the offer of a carer's assessment.
- Ensure that parents have advice and support and that they are aware of adult support and services.
- Ensure that parents' access specialist support from Special Inclusion Support Service, Early Years Special Education Needs Development Team or Autism Team at the point of diagnosis.

7.

How we will monitor the success of the strategy?

The delivery of the Autism Strategy will be overseen by a management board, together with subgroups drawn from key interest groups, agencies, people with autism and their families and carers. The management board will oversee the delivery of the Autism Strategy Action Plan which will identify responsibilities and timescales for the delivery of each of the Strategic Goals.

The following list identifies some of the groups and agencies that will be invited to be involved in the Action Plan subgroups:

- Children, young people & adults with autism
- Family/parent carers of adults & children with autism
- Service providers
- Adults & children's workers, including, services managers, commissioners, clinicians, operational social workers, occupational therapists, mental health and learning disabilities, and safeguarding staff.
- Health services – Solihull Clinical Commissioning Group and representation from primary and secondary care services.
- Housing Teams.
- Criminal Justice System:
 - Police
 - Probation
 - Courts
- Educational and employment services
- Voluntary and community sector organisations.

Appendix 1.

Children, Young People and Adults with Autism in Solihull.

A Summary of the number of people with Autism living in Solihull.

In order to help us understand our local population, and current and future demand for services an Autism Needs Assessment has been undertaken. The main aims of the needs assessment are to collect information (where available) on the prevalence of autism in Solihull, and to determine where possible the number of people with autism in contact with services.

The autism needs assessment looks at the demographic profile of Solihull's population with autism (the prevalence) and the take-up of relevant services in the borough. The needs assessment has highlighted that getting actual data on the numbers of people in the population who have autism is very difficult because not all people with autism are known to services, and yet others may receive a lot of different services. Prevalence rates are therefore only estimates. Further work will need to be undertaken to obtain a more thorough understanding of the local population who have autism.

It is estimated that there could be 2250 children and adults with autism in Solihull – not all of whom would have a formal diagnosis.

The national prevalence figures appear to show that autism is higher in males than in females (1.8% and 0.2% respectively) however some researchers feel that autism in females is under-diagnosed so prevalence could be much higher.

The following tables are an extract of the Autism Needs Assessment, the full report can be found on the Solihull MBC web site.

Table 1. Estimated numbers for people with Autistic Spectrum Condition by age group.

	1-17			18-64			65+		
	with ASC			with ASC			with ASC		
	with ASC	+LD	no LD	with ASC	+LD	no LD	with ASC	+LD	no LD
persons	469	235	234	1331	666	665	454	227	227
males	396	198	198	1064	532	532	328	164	164
females	41	21	20	124	62	62	46	23	23

(The figures above may seem to contain errors, but they are correct, when the national prevalence is split by gender and applied to the relevant population the totals don't add up).

This means that there could be 2250 children and adults with ASC in Solihull. This figure will include those with and without a formal diagnosis. Research quoted by NICE suggests that for every 3 known cases of ASC there are 2 undiagnosed.

Table 2. Solihull Specialist Inclusion Support Service

A snapshot of ASC prevalence was established between September and November 2013 by the ASD operational group as part of a bench marking exercise. The results were:-

Number of Children with a diagnosis of ASC in Solihull known to:-	
SISS ASD team – non traded service working with children of statutory school age with a diagnosis of ASD only	526
SISS under 6 team	20
Educational psychology service (EPS)	14
CAMHS	181

Children known to the Meadow Centre Service are not included in the above table as these children are mainly awaiting diagnostic assessment.

Table 3. Projected numbers of males aged 18-64 with ASC

Males in Solihull predicted to have ASC by age and gender predicted to 2020						% inc/de c
	2012	2014	2016	2018	2020	
male 18-24	151	149	144	139	133	-12
male 25-34	194	203	214	221	229	18
male 35-44	234	221	218	216	220	-6
male 45-54	274	277	277	272	261	-5
male 55-64	221	221	227	238	248	12
Total males aged 18-64	1074	1071	1080	1086	1091	2

Table 4: Projected numbers of females aged 18-64 with ASC

Females in Solihull predicted to have ASC by age and gender predicted to 2020						% inc/de c
	2012	2014	2016	2018	2020	
female 18-24	16	16	16	15	15	-6
female 25-34	23	24	24	25	26	13
female 35-44	28	27	26	26	27	-4
female 45-54	32	33	33	32	31	-3
female 55-64	26	25	26	27	29	12
Total females aged 18-64	125	125	125	125	128	2

Table 5: Projected numbers of older people with ASC

No. of older people in Solihull predicted to have ASC								
	2012	2013	2014	2015	2016	2018	2020	% inc
65-74	155	160	165	168	171	174	169	9
75-84	92	93	94	95	95	100	109	19
85+	37	39	41	41	43	47	49	33
Total	283	292	299	305	309	320	327	15

(These figures have been rounded up or down which can cause the totals to appear to be incorrect).

Appendix 2.

Glossary.

Whilst every effort has been made to keep the language in this strategy as clear and “plain English” as possible, it is inevitable that some terms which are not in common usage will be used. We hope to explain those terms that may be unfamiliar to people not employed in services in the following glossary, so that this document is as accessible as possible to all those it concerns.

ADHD.

Attention deficit hyperactivity disorder is a psychiatric disorder of the neurodevelopmental type in which there are significant problems of attention, hyperactivity, or acting impulsively that are not appropriate for a person’s age.

Advocate.

An advocate is someone who works with someone to identify what they want, and speaks up for them if they have difficulty doing so themselves.

Annual Review.

The annual review provides an opportunity for everyone involved in a person’s plan to consider if it is working and whether any changes need to be made. The Education Health and Care Plan and Children Young People and Adults Social Care Plan are usually reviewed every 12 months.

ARC, Autism Research Centre.

The ARC is situated within the School of Clinical Medicine in the Department of Psychiatry, at the University of Cambridge. The ARC is partnered with the Autism Research Trust, the National Autistic Society (the UK’s leading charity for autism) and the Cambridgeshire and Peterborough Mental Health Foundation NHS Trust.

<http://www.autismresearchcentre.com>

Asperger Syndrome.

Asperger syndrome is a form of autism, which is a lifelong disability that affects how a person makes sense of the world, processes information and relates to other

people. Autism is often described as a 'spectrum disorder' because the condition affects people in many different ways and to varying degrees.

Asperger syndrome is mostly a 'hidden disability'. This means that you can't tell that someone has the condition from their outward appearance. People with the condition have difficulties in three main areas, often referred to as 'the triad of impairments';

- social communication
- social interaction
- social imagination.

(Extract from the National Autistic Society web pages)

Asperger Syndrome (AS), a subgroup conceptualised as part of the autistic spectrum, shares the features of autism but without the associated learning difficulties (i.e., those with AS have average or even above average IQ) and with no history of any language delay.

Are AS (Asperger Syndrome) or HFA (High Functioning Autism) disabilities?

Both can be thought of as a personality style in which the individual does not 'tune in' naturally to people and is more attracted by objects, systems, and how things work.

Both involve strengths in attention to detail, and can be associated with talent in areas such as mathematics, science, fact-collecting or rule-based subjects.

Both are disabilities only in environments where the individual is expected to be both sociable and a good communicator

What is the difference between AS and HFA?

Both share:

Difficulties in social relationships, across development

Difficulties in communication, across development

The presence of unusual and strong, narrow interests (sometimes called obsessions)

A resistance to change

Average or above average intelligence (IQ)

But in HFA there is language delay; in AS there is not. HFA and AS contrast with the other major subgroup on the autistic spectrum: classic autism. These individuals

share the same diagnostic features as in AS and HFA but they invariably had a history of language delay, and their IQ may be anywhere on the intelligence scale, including in the range for learning difficulties.

HFA is not listed in any of the official diagnostic categories but is in widespread use.

(Extract from the Autism Research Centre (ARC) web pages, Cambridge University)

Assessment.

The way of working out the needs of children, young people and adults.

Assistive Technology.

Assistive technology is a range of equipment that can help individuals with a physical, sensory, or mental health disability. It helps people to continue to live at home safely and as independently as possible.

Autism.

Autism is a spectrum of neurodevelopmental conditions, characterised by difficulties in the development of social relationships and communication skills, in the presence of unusually strong narrow interests, repetitive behaviour, and difficulties in coping with unexpected change.

The causes of autism spectrum conditions (ASC) are ultimately genetic but environmental factors interact with these. The changes in the pattern of brain development are evident from at least 2 years of age, and reflect pre- and perinatal factors. **(Extract from the Autism Research Centre web pages)**

Autism is a lifelong, developmental disability that affects how a person communicates with and relates to other people, and how they experience the world around them. **(Extract from the National Autistic Society web pages)**

Autistic Spectrum Condition (ASC)

Autistic Spectrum Condition ASC is an alternative to the term ASD proposed by the Autism Research Centre in “recognition that the term ‘disorder’ is often felt to be stigmatizing and pejorative, whilst the term ‘condition’ indicates this is a biomedical issue severe enough to warrant a diagnosis; but the term ‘condition’ recognizes both the disabling aspects of autism (social-communication disability) as well as the

aspects of autism that are simply different (nicely captured by the term ‘neurodiversity’).”

Autistic Spectrum Disorder (ASD)

Autism is part of the autism spectrum and is sometimes referred to as an autism spectrum disorder, or an ASD. Autism spectrum disorder (ASD) is a condition that affects social interaction, communication, interests and behaviour. This term is widely used in Britain and the USA.

Autism Attention Card.

A card which adults with autism can carry with them, and which they can use to explain they have autism, should the need arise.

Autism Education Trust (AET).

A national partnership between the voluntary sector, Las, schools and universities – aimed at developing practice in schools and settings using the AET Framework. It also has resources for supporting individuals and families. In Solihull, the Specialist Inclusion Support Service, Early Years Special Educational Needs Development Team and the Autism Team are affiliated to the Autism Educational Trust so are able to deliver all tiers of Autism Educational Trust training to settings, schools and colleges. More information can be found at www.autismeducationtrust.org.uk

Autism Friendly Environment.

Changes which can be made to a particular room or environment. This could include bookshelves, walls, furniture, soft furnishings and different flooring can all be used to create a calm, structured environment for a person with autism.

Autism Passport.

The “Passport to individual autism support” is a simple, at a glance document which explains the communication, sensory and support needs of the individual carrying it. It is designed to be carried by adults who find it difficult to explain their needs when in stressful situations, such as meetings and interviews.

Buddying.

A person who can support children, young people or adults in the home, settings, school, college, university.

Carer.

Someone who provides unpaid support to a partner, family member, friend or neighbour, who is ill or disabled and who could not manage without this help.

CCG. Clinical Commissioning Group.

Clinical commissioning groups (CCGs) are NHS organisations set up by the Health and Social Care Act 2012 to organise the delivery of National Health Service services in England.

CCGs are clinically led groups that include all of the General Practitioner groups in their geographical area. The aim of this is to give GPs and other clinicians the power to influence commissioning decisions for their patients.

CCGs are overseen by National Health Service England (including its Regional Offices and Area Teams). These structures manage primary care commissioning, including holding the National Health Service Contracts for General Practitioner practices NHS.

Co-morbid difficulties.

In medicine, comorbidity is the presence of one or more additional disorders (or diseases) *co-occurring with* a primary disease or disorder; or the effect of such additional disorders or diseases. The additional disorder may also be a behavioral or mental disorder.

Co-produce.

When you as an individual are involved as an equal partner in designing the support and services you receive. Co-production recognises that people who use social care services (and their families) have knowledge and experience that can be used to help make services better, not only for them but for other people who need social care.

Commissioning.

How services are planned and paid for and checked that they are of good quality.

Consultation.

To seek information/views from people about a topic or theme.

Criminal Justice System.

The system through which people are dealt with who are suspected or found guilty of committing a criminal offence.

Diagnosis.

The process of finding out the nature and cause of a medical condition through looking at a patient's history and through carrying out medical assessments.

Direct Payments.

A Direct Payment is money your local authority can give you. It is a different way of getting the support you need. You use it to buy the support you want. Social Services give you the money instead of a service. You spend the money on getting the support you need.

EYFS – Early Years Foundation Stage

Begins when a child reaches 3 and continues until the end of Reception. It prepares children for learning in Year 1.

E-Learning.

Educational technology is the effective use of technological tools in learning. Also called e-learning in this instance it refers to a computer based self learning programme.

Education, Health and Care plan.

This details the Education Health and Care (EHC) support that is to be provided to a Child or Young Person who has Special Educational Need or a disability. It is drawn up by the Local Authority after an EHC needs assessment of the Child or Young Person has determined that an EHC plan is necessary, and after consultation with relevant partner agencies.

Eligibility Criteria.

A set minimum threshold required to qualify for assessment, support, services etc. Eligibility criteria can be local or national examples of eligibility criteria are;

- The National Eligibility Criteria for Social Care.
- The criteria for an Assessment and Education, Health and Care Plan
- The Eligibility criteria for an autism assessment.

Further Education (FE) College.

A College offering continuing education to young people over the compulsory school age of 16. The FE sector in England includes general further education colleges, 6th form colleges, specialist colleges and adult education institutes.

Goals.

In social care a goal is a broad statement about what someone would like to achieve – for example, John would like to have a job.

In education these are also referred to as learning outcomes, which are statements that describe significant and essential learning that Children and Young People should achieve at the end of a period of time. These are linked to Children and Young People's Educational, Health and Care Plan (if applicable) or the setting's Provision Map for Children and Young People at Special Educational Need Development support level.

Graduated Approach.

A model of action and intervention in early education settings, the approach recognises that there is a continuum of special educational needs and that, where necessary, increasing specialist expertise should be brought to bear on the difficulties that the Children Young People may be experiencing.

IQ.

An intelligence quotient (IQ) is a score derived from one of several standardized tests designed to assess human intelligence.

Lead for Autism

An experienced member of staff with knowledge and expertise in autism. This member of staff will have developed their own practice and skills in order to support pupils and other staff in school.

Local Offer.

Local Authorities' in England are required to set out in their local offer information about provision they expect to be available across education, health and social care. For Children and Young People in their area who have Special Educational Needs or are disabled, including those who do not have Education Health and Care Plans.

Mentors.

A mentor is a person willing to share their experience and knowledge to help, guide and support someone who is less experienced.

In many education settings, learning mentors are employed to support and guide Children and Young People to help them overcome social, emotional and behavioural difficulties that act as barriers to their learning.

National Curriculum.

The National Curriculum sets out a clear, full and statutory entitlement to learning for all pupils, determining what should be taught and setting attainment targets for learning. It also determines how performance will be assessed and reported.

NICE. The National Institute for Health and Care Excellence

NICE provides national guidance and advice to improve health and social care. Originally set up in 1999 as the National Institute for Clinical Excellence, a special health authority, to reduce variation in the availability and quality of NHS treatments and care. In 2005, after merging with the Health Development Agency, NICE began developing public health guidance to help prevent ill health and promote healthier lifestyles. Our name changed to the National Institute for Health and Clinical Excellence.

Objectives.

In social care objectives describe the steps to be taken to meet someone's goals – for example, John will be supported to look for a part time job.

Outcomes.

In social care, an 'outcome' can refer to what will change or what is expected for the child, young person or adult. Outcomes are the result of someone's goals and objectives – for example, John will have part time employment. An outcome can also be about continuing something – for example, John has continued to work part time. People are asked which outcomes are the most important to them.

In education these are also referred to as learning outcomes, which are statements that describe significant and essential learning that the Children and Young People should achieve at the end of a period of time. These are linked to Children and Young People Educational, Health and Care Plan (if applicable) or the setting's provision map for Children and Young People at Special Education Need Development Support level.

Parent.

Under Section 576 of the Education Act 1996, the term 'parents' includes any person who is not a parent of the child, but who has parental responsibility or who cares for him/her.

Parental Responsibility.

This is defined under Section 3 (1) of the Children's Act 1989 as meaning all the duties, rights, powers, responsibilities and authority which parents have with respect to their children and their children's property.

Personal Budgets.

An amount of money allocated to meet a child, young person or adults needs identified through a person's self or supported assessment and support plan. This may combine resources from different funding streams to which the individual is entitled but is most often related to meeting social care needs.

In education this is an amount of money identified by the Local Authority to deliver provision set out in an Education Health and Care Plan where the parent or young person is involved in securing that provision. The funds can be held directly by the parent or Young Person, or maybe held and managed on their behalf by the Local Authority, school, college or other organisation or individual and used to commission the support specified in the Education Health and Care Plan.

Personal Health Budgets.

Personal health budgets work in a similar way to the personal budgets that many people are already using to manage and pay for their social care.

A personal health budget is an amount of money to support your identified health and wellbeing needs, planned and agreed between you and your local National Health Service Team. The aim is to give people with long-term conditions and disabilities greater choice and control over the healthcare and support they receive.

Together with your National Health Service team (such as a General Practitioner) you will develop a care plan. The plan sets out your personal health and wellbeing needs, the health outcomes you want to achieve, the amount of money in the budget and how you are going to spend it. You can use a personal health budget to pay for a wide range of items and services, including therapies, personal care and equipment. This will allow you more choice and control over the health services and care you receive.

Provision Map.

An 'at a glance' way of documenting and showing the range of provision, additional staffing and support that a school makes available to its pupils.

Residential Care.

Care in a care home, with or without nursing, for older people or people with care disabilities who require 24-hour care. Care homes offer trained staff and an adapted environment suitable for the needs of ill, frail or disabled people.

Review.

When you receive a review of your needs and you and the people in your life look at whether the services you are receiving are meeting your needs and helping you achieve your chosen outcomes. Changes can then be made to service if necessary.

In education, a review is a meeting which looks at the child's progress and priorities for next steps. A review should include parents, external agencies and school staff.

Safe Places Scheme.

Safe Places are local community places e.g. shops, libraries, cafes which have been set up to help people if they are feeling vulnerable or unsafe by supporting them to call for help from parent/carer or police.

Safeguarding.

Safeguarding is the name given to the process of reporting and ensuring that concerns raised with regard to the safety, health or abuse of children and vulnerable adults are properly investigated, by the appropriate service and action is taken to address those concerns.

Self Advocacy.

Self advocacy is about people with intellectual disabilities:

- Speaking up for themselves
- Making their own decisions
- They speak up for themselves
- They speak up for others
- They ask for support when they need it
- They make sure they have a say in decisions that affect them
- They ask questions and learn new skills.

Sensory Impairment.

Difficulties with processing sensory information such as sounds, sights, smells, touch, balance and movement.

SENCO Special Educational Needs Coordinator

An identified member of staff who has responsibility for coordinating SEN support in the setting, school or college.

SEND Special Education Need Development Support.

Additional support for Children and Young People provided by schools to remove barriers to learning and to put effective provision in place.

SEN Special Education Needs.

A child or young person has Special Educational Needs if they have learning or other disability which calls for special educational provision to be made for him/her.

Sensory sensitivities.

Sight

Situated in the retina of the eye and activated by light, our sight helps us to define objects, people, colours, contrast and spatial boundaries. People with an ASD may experience the following differences.

Hyposensitivity (under-sensitive)

- Objects appear quite dark, or lose some of their features.
- Central vision is blurred but peripheral vision quite sharp.
- A central object is magnified but things on the periphery are blurred.
- Poor depth perception – problems with throwing and catching; clumsiness.

Hypersensitivity (over-sensitive)

- Distorted vision: objects and bright lights can appear to jump around.
- Images may fragment.
- Easier and more pleasurable to focus on a detail rather than the whole object.

Signposting.

Pointing people in the direction of information that they could find useful.

Social Inclusion.

Involving everyone in society, making sure all have opportunities to work or take part in social activities even though they may have a disability.

Specialist Inclusion Support Service (SISS)

A multi-disciplinary specialist support service for Children and Young People with a range of educational needs and disabilities (Special Educational Needs). The Early

Years Special Educational Needs Development service and the Autism Team are a part of this service.

Strategic Objective.

A goal or action which is set to achieve a plan (Strategy).

Strategy.

A plan.

Supported Living.

Where people live in their own home and receive care and/or support in order to promote their independence.

Third Sector.

The voluntary sector or community sector (also non-profit sector or “not-for-profit” sector) is the duty of social activity undertaken by organizations that are not for-profit and non-governmental. This sector is also called the **third sector**, in contrast to the public sector and the private sector.

Touch.

Children with touch sensitivity are often in the state of “red alert”. Many of the sensations that we take as meaningless, they view as a physical threat. Children with touch sensitivity also experience tactile sensations differently than others. Something that we experience as smooth can seem to them painful. The result is that often their behaviour is affected.

Transition.

The process of change a person goes through, for example growing from childhood into adulthood. For people with disabilities this process of reaching adulthood can mean changing the services from which they receive support and this can take place over a long period.

Voluntary. (Organisations)

Organisations independent of the Government and local councils.

Well-being.

Being in a position where you have good physical and mental health, control over your day-to-day life, good relationships, enough money, and the opportunity to take part in the activities that interest you.

Appendix 3.

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