

BRIGHTON & HOVE CITY COUNCIL
SCRUTINY PANEL ON SERVICES FOR CHILDREN WITH AUTISM

1.00pm 19 NOVEMBER 2013

COMMITTEE ROOM 2, BRIGHTON TOWN HALL

DRAFT MINUTES

Present:

Also in attendance: Councillor Jarrett, Pissaridou and Wealls

Other Members present: Rosie Moore, Co-opted Member

PART ONE

35. PROCEDURAL BUSINESS

There were no declarations of interest or apologies.
There was no reason to exclude the press and public.

36. CHAIR'S COMMUNICATION

Thank you all for attending and welcome to this final meeting of the Scrutiny Panel looking at services for children with autism. We are keen to hear your views and experiences and I will ask each of you to introduce yourself and talk for 10-15 minutes then the Panel will ask questions.

Please feel free to stay for the whole meeting, but do also feel free to leave after you have spoken.

37. MINUTES FROM THE PREVIOUS MEETING

38. TO HEAR FROM WITNESSES

DRAFT MINUTES

Aaron Sumner, Deputy Head Teacher and SENCO Rudyard Kipling Primary School & Nursery (AS)

Historically there was an ASC facility for KS2 at the school to support children with a diagnosis of ASC. However, due to the structure of the unit within the school and wider within the LA, there was a lack of clarity around how to access advice and support. It became an increasingly difficult job to manage this towards. The unit was also quite isolated in terms of accessing

ASCSS and other services although they did access a lot of ad-hoc support from Downs View Special School. In 2012 the decision was taken to wind down the facility – they were getting a large number of children with a range of complex needs, of which autism was only one part. They had a range of quite significant behavioural and emotional needs and it was difficult to access support as it was presumed the unit was meeting their needs. When the unit closed, it had 6 pupils, 3 of whom went into private specialist provision. An additional reason behind the closure was that it was a small unit and they realised that some of the children could be better supported in mainstream classrooms and they made accelerated progress in a short time. It was felt that the unit wasn't meeting their needs – these 3 children achieved a level 5 at the end of KS2 whilst supported in mainstream classrooms.

The school have had good consistent support from the Speech and Language unit and ASCSS. They consider the implication of staff training so the generic offer includes training for children with ASC. They have had 4 plus years of consistent support from the ASCSS with the same person. This means that they can see the progression of a child from KS1 through KS2 and build relationships with families and be a good point of contact for families. Some families feel that there is a lack of support post-diagnosis. The ASCSS is great but has capacity issues.

Speech and Language support has been good and consistent – consistency leads to meaningful support. The school have had inconsistent support from the Educational Psychologist service with 4 different Educational Psychologists within 3 years. This lack of consistency and continuity hinders progress.

There are difficulties in obtaining a diagnosis and it can be a very longwinded process. For example, the system leading to an assessment at Seaside View is very convoluted. They need to be more supportive to schools and families. It is a long and difficult process and it is down to schools to support them. It would also be helpful if the CAF process was simpler.

Q – How are Governors involved? The ASCSS has capacity issues – are they an advocate for the school or the child? Would your school take children who have used the private route? Funding?

AS – The Governors are on the Quality and Standards Board of the school which covers SEN provision. They also take part in a lot of scrutinies in the school and were instrumental in pushing forward the closure of the ASC unit. They are well informed and have a strategic role in the school, driven by the information supplied by the SLT.

The school has good funding through dedicated resources but for each child in the school with a diagnosis but where there are not hours on their statement, the school has to pay. They overspend on their SEN budget significantly each year as a result of wanting high quality staff and support for the children. The ASCSS offer a lot of impartial advice to the school and parents. The parents will seek out ASCSS and they come to annual statement reviews and offer good impartial advice. The school would welcome children with private Educational Psychologist reports should a parent wish for that to happen – although feel that it shouldn't come to that. The school have been let down by a lack of consistency in Educational Psychologists.

There is a real problem with the CAF process: it is very time consuming and not sure how relevant it is to families. CAF members don't always make meetings. It is hard to get measured

outcomes for children unless everyone buys into the process. The school have had to employ additional staff funded through the pupil premium to drive the CAF process. Seaside View require a CAF before they can make a referral.

Q - How many children do you have with a diagnosis of autism?

AS – There are 4 children with statements and 2 with a diagnosis but no statement (school action plus). The school staff are particularly skilled in supporting children with ASC. It is about on the ground training. On CAF, in an ideal world, they would revise the initial CAF assessment. Schools are not always best placed to be the lead professionals on CAF.

Q – What sort of training do your teachers get?

AS – There are different levels. There is generic awareness training and good support strategies. A lot is done on generic actions in the classrooms that would benefit the majority of children, as well as those with ASC. Then there is specific training around individual children and their needs. There is an ongoing assessment that is very important. Things change and therefore the nature of support needs also to change. One child started with 2-1 support and now has 1-1 support. Support is based on an on-going assessment of the child's needs. Annual reviews are important but they need to be supplemented by more assessments. The school has highly skilled teachers and TAs.

There is an issue around support to families, particularly support at home.

Q – Is bullying a problem in your school?

AS – It is not a specific issue in the school. They are very inclusive and use targeted support like social stories and friendship groups. Also the ASC facility used to be an integrated part of the school which helps. Bullying is not an issue in the school but this is as a result of support for social intervention.

Suzanne Harmer, Assistant Head and SENCO (SH) and Jenn Westwood, Senior TA Learning Support (JW), Cardinal Newman Catholic School

SH – Cardinal Newman's approach is very similar to that of other schools: they don't do anything unusual. The school has 456 students on the special needs register (out of 2227) which includes children with statements and School Action Plus. 17 have ASC and 5 of these are statemented 7 have School Action Plus.

They have a very thorough induction for all Y7 students and specific induction for individual children who need support. They talk to primary schools during Y6. The special needs register (**Statement and Action Plus**) has a named key worker who is someone they know and is their advocate (in addition to their form tutor). They work closely with parent carers – through meetings, emails or phone – parents know their children best. The school works with other schools if a student arrives mid-term and work with colleges and universities to pass on information. They also work closely with the ASCSS with one particular person who has helped with forming groups and social interventions.

The school run an 'achievement tracker' for all children which produces RAG data three times year to see if a child is on target. For children with **any SEN** they also look at strategies to improve outcomes.

From the start of Y7 all staff have information about the new children. They work on raising awareness. The ASCSS come into school to talk to a class if there are particular issues. With the TA team, the school tries to build in 'responsive time' which is un-timetabled time so TAs can be available to help children when required. They try to keep children in class but sometimes they need to come out of class.

They have a number of strategies, for example, if a child finds the hurly-burly of the corridors at break time difficult, they can leave class early. They provide tailored timetables so if a subject is particularly difficult for a child, they can miss that lesson until such time as they can cope with it. A child may be on a tailored timetable for a couple of weeks **or more** then go back into all classes.

All the students at the school are high functioning so find it easier to cope. There are 4 young men in Y7 with a late diagnosis. They have had very subtle support because they didn't want to be seen to have support and the students need to work out how to accept this support.

TAs liaise with ASCSS and Speech and Language and parent liaison. There are multi-agency meetings with paediatricians and parents and SENCO **especially after a new diagnosis** and TA to hear everyone's views.

When students don't have a diagnosis but it is obvious they have issues, it can be a challenge to get a diagnosis. They have **many** students from other countries, **Catholic/Coptic Christian for example**, as they are a faith school. Some of these young **people** have markers of autism but the school needs to take them through the process of diagnosis which takes time. It can be very frustrating – a student can only access ASCSS when they have a diagnosis. There can be a genetic link with ASC and it is very important to build trust with the parents.

The ASCSS is very good but there is scope for more support for families at home – more work is needed around this. For example, if a child is not sleeping, this impacts on school work and families and it would be useful to have support on this. There is a flexible curriculum but there is still the expectation that students will take 11 GCSEs with little downtime. Some students don't see the relevance of a particular subject and a student with ASC in particular may not see why they have to take this subject.

The transition into Y7 can be very difficult and change needs to be **mediated**. This can also be the case after a holiday or going into a different year. Sometimes children can't see they need support which can be an issue.

How to deal with complaints? The school will ask the parent and child into school to talk. They may ask the ASCSS too. They act as an advocate for parents. Both the ASCSS and Speech and Language Centre are very good **in CNCS's experience**.

What the team tries to do is make the big school feel small.

Jenn Westwood (JW) – is a Senior TA in Learning Support and the lead key worker for speech and language and ASC. She is also the first point of contact for parents and agencies. They

work to have children at the core of what they do and the key to this is building trusting relationships. The relationships need to be in place from the beginning otherwise it is difficult when issues arise. They work proactively and contact parents and introduce key workers. Information is passed on to tutors and they try to minimise anxiety. They also give parents the contacts of the ASCSS and the parent liaison person. Parents can be anxious as their child is moving from a relatively small school to a huge one and they are keen to pass on information about their child and discuss problems that many arise, for example, at break time or around organisation. The key worker will discretely pick the child up in their first week. Recently they had 3 or 4 boys with a diagnosis late in Y6 who weren't informed of it and so they were discrete and used careful and sensitive language. JW will introduce herself as someone who is here for the children. They run a break-time club as a safe place to come to and see familiar faces. Building relationships is key. Sometimes Y7 children are very able academically but have other issues. Often children can hold it together at school but issues arise at home. One Y8 child had **few** problems in Y7 then became very anxious and stopped coming to school and by the start of Y8 was a school-refuser. Because there was an existing trusting relationship they were able to sort it out and introduce a reduced timetable with the lessons the child was happy with. Now there is only 1 lesson the child doesn't want to do.

They arrange tailored interventions such as leaving class earlier. There are 'get out of class' cards so students can show the card if they get anxious and leave and go and find their key worker. There is a range of social skills groups, for example, they run a group in Y8 with 2 boys that focuses on their anxieties and how to recognise when they are becoming anxious and how to deal with it before it becomes too much. In Y7 there is an informal 'getting to know you' group which allows children to discuss what is worrying them. As Y7 progresses this will become more of a social skills group.

There is lots of training in the school and the ASCSS helps. The school has 'responsive cover' so if a child feels anxious and leaves a class they can have a safe space. They have clear colour-coded timetables and children know they have a named contact.

Q – Do subject teachers feel they are adequately trained in ASC?

SH – Historically, teachers used to be more fearful but teachers are now more used to teaching children with ASC and more aware. There is always a need for more training – probably not enough is done at teacher training around SEN.

JW – Teachers are very open and there is good communication between TAs and teachers. They share information and teachers are open to receiving pointers on the way to work with a child, for example, this child is very anxious about handwriting so don't make that an issue.

SH – **A few** Parents are going straight to teachers **and instructing them in a few cases** but should go to the SENCO who will be the conduit.

Q – Do you have access to speech and language.

SH - There is a speech and language therapist as part of the package who does **assessments** and works with teachers. The school has had a consistent Educational Psychologist for the last 3 years. They don't get much time but it is the same person which is

good **and she is good**. There is an issue around independence as the Educational Psychologists are employed by B&HCC but they are as neutral as they can be.

Q – Are you supported through diagnosis?

SH – There is Amaze but there is no specialist home provision.

JW – There is only the parent liaison in the ASCSS to direct parents to.

Q – What would you like to see in an ideal world?

SH - Somewhere to go and meet others like a youth club. Children with ASC often go home and keep to themselves but it would be good if they could open up.

JW - Something informal to build on the social skills work at school: young children with ASC often go home and hide away.

SH – Respite strategies would be good – it is immensely stressful to be a parent of a child with ASC.

Parents go through CAMHS and get a diagnosis and it is about access to that service. It **can end** up being those who shout longest and loudest who get heard. SH is an advocate for parents to be heard. Parents need an advocate to help them through the system.

Q – What about educating other children – peer groups?

SH - The ASCSS worker did a session yesterday and spoke to a group of children. It is a very caring school. There is bullying but they have an ex-police officer who is very thorough in researching what happened. Children with ASC are no more bullied than anyone else.

Q – Is late diagnosis a problem in this country (as opposed to children coming in from other countries)?

SH – It is not usually a problem.

Q – Do schools share best practice?

SH – Cardinal Newman does more or less what all others schools do. There is a termly SENCO meeting run by the Educational Psychologists. At one point there was also a break-away group. Each SENCO will do their own research. There isn't a group that talks specifically about strategies.

The Code of Practice for SEN is being re-written and will come into being in September 2014 and that is discussed. The Government has set in place mandatory SENCO training. There hasn't been a SEN advisor in the LA for around 7 years which is a big gap that needs to be filled. Support services do their work but a SEN advisor could share best practice so there is no reinventing the wheel.

Q – What about Governor training? Do they get enough to challenge the school effectively? What could make them more efficient?

SH – SH is a Governor and has worked with a variety of Governors, some who have children with ASC. Some are real advocates. There is not specific SEN Governor training. Cardinal Newman have a high **challenge** Governing Body so they do set the agenda.

Q – Do ASC children get to participate fully, for example, go on trips?

SH – They have access as far as it is possible and someone they know will go on the trip as a familiar face. There is an activities week in the summer and TA's will be around to help – or the child can opt out.

The Chair thanked everyone for a most interesting session.

Parent and Parent Governor (MJ)

MJ is a parent of a daughter diagnosed with high functioning autism who has been through a secondary school in the city. She is a success story and achieved 12 GCSEs and is doing 4 A levels. He also has a son and is a Parent Governor at a secondary school. He is a parent advocate for PACC and on the SEN Partnership Board. There is a lot in the city going right and his daughter did well but he became a Governor because he saw lots of other children failing.

MJ's daughter was statemented and got 15 hours support: other children didn't get this. MJ's background is in banking so he has an insight into the SEN budget and how it is allocated. mASCot provide good information as they see the problems children have.

Diagnosis can have a big impact. They got a diagnosis very early and that led to success. Diagnosis is not a quick as it could be and by the time a child reaches secondary school there is an urgent need for diagnosis. Primary schools are very nurturing and secondary schools aren't so it can be very scary for a child with ASC. There are lots of different teachers and children with ASC are often not as emotionally developed. There is a backlog of children who are undiagnosed at secondary school and this is a problem. When a child reaches a certain age, they go to CAMHS and then their issues are seen very much as mental health ones as a starting point. CAMHS will look at mental health as a starting point which can be a barrier. If a child is diagnosed younger, this is not the case.

Diagnosis is important because a child will then come under the Equalities Act and the Governors should be making sure that child does well.

Technically, as the Autism Act only covers adults, the LA has to do more in terms of services for adults than it does for children which is an odd technicality.

MJ is worried about accounting resources and Governors' understanding of SEN. Changes by central government have put a lot of responsibility onto Governors. There is the 'leafy suburb' problem: a nice school is doing well so it is left alone. The agenda becomes the whole school so people don't look at SEN or FSM children specifically. Budgets are controlled by Governors and their knowledge around SEN can be a worry – how much money is put into SEN and from

where? Governors are voluntary and many not understand how the SEN money is spent. If a child has a statement, then they have ring-fenced hours and annual reports. There are fantastic teachers and TAs and SENCOs but they need funding to provide a good service.

SEN is low on the list of priorities for Ofsted.

Technically Governors don't need to have a nominated SEN Governor. Often a Headteacher's main focus is on how many A-Cs the school is achieving. It is very hard to see the output from putting money into ASC children when you only look at results. It is important for Governors to provide challenge to the Headteacher – the LA should help provide this. MJ challenges his school on budgets and his child has been targeted for this and named and described in a way she found insulting. It is very difficult to deal with this. Things have got better and the school has started to look at where things need to improve.

Q – What happens to disseminate information?

MJ – Governors have to push to get SEN on the agenda. Unless a Governor has dealings with SEN and ASC, they won't think about it. MJ has met a number of fantastic SENCOs. There have been cases when a school has done a lot of good work around SEN but have then cut the service. This is a worry. Governors need to understand the information they have and make sure the SEN budget is correctly allocated and monitor the outcomes.

Comment – LA should have a role in challenging school budgets too. There is a new Code of Practice coming out soon.

The Chair thanked MJ for his contribution to the meeting.

Alison Nuttall, Commissioner for CAMHS and Mark Hendriks, Commissioner Learning Disabilities, B&HCC

The Code of Practice is open to consultation until 9 December 2013.

Mark Hendriks (MH) – The Adult Autism Strategy was driven by national and local activities such as the recommendations of the Autism Act 2009, the national strategy, the Scrutiny Panel on services for adults with ASC and the JSNA for adults with autism. There are 4 key areas: training and awareness; diagnosis and assessment; transition for children and young people; and improving local services. The Adult Social Care Commissioning team are leading on the strategy which aims to achieve better outcomes for adults with autism, their families and carers. It is a very complex agenda which has implications for services across the city at every level. There are 25 objectives and the strategy is halfway through year 2 of its 3 year life. Year 1 (last year) focused on improving the diagnostic and care pathway and improving training and awareness of ASC. This year and next (years 2 and 3) will focus on transition from children to adults. The team have recently undergone a mandatory national self-evaluation. The positives that came out of this were: there is now a local lead for autism (Anne Hagan) and a JSNA; there is a multi-agency Autism Stakeholder Group; a new programme of training has been re-commissioned; an additional diagnostic service to deal with historical long delays has been commissioned; there are a range of community and voluntary sector services; Autism Sussex has been awarded lottery funding to enrich autism services in the city; they are working with commissioner's in children's services; and there is an Autism Champions Network to try and improve accessibility in mainstream service such as housing and health.

The areas for improvement that came out of the self evaluation were: data collection is limited and segmented; they need to do more work to develop a clear council policy and develop key services to make reasonable adjustments for people with ASC; they need to review and improve the range and level of community and voluntary services available to people with ASC who need ongoing support but are not eligible for statutory services; need to improve information available to people with ASC at their point of contact with adult social care services and develop a clearer pathway to assessment and support; improve the uptake of training delivered to key services.

Alison Nuttall (AN) – AN sits on the adults with autism group and MH sits on the children's one. It is about linkages and about transitions generally not just for those with autism.

When a child has an identified and significant learning difficulty and autism, they are likely to have a statement, be known to the children's disability social work team and meet the criteria of the community learning disability team. For these children there is a process between children's social care and adult social care – although this needs revising. There will be a Y9 review to identify needs and start planning. The young person will be supported by the transitions team.

If a child does not have a significant learning disability, they may not have a statement, won't have accessed the children's disability social team, and are unlikely to meet the criteria for either the community learning disability team or adult social care. For these children there is less clarity around the process of transition and about the availability of services in adulthood. They may go from having accessed some support, to nothing. Adult services do not mirror children's services and are more segmented. The Sussex Partnership Trust has an internal protocol for transition but there are different criteria to access adult social care, even if a person has been through CAMHS. If a person is not eligible for adult mental health services the case will be closed.

The SEN strategy has 5 priority areas and the fifth one is transitions. AN Chairs the group that is looking at this and is refreshing the membership of the transitions group – across SEN not just autism.

They are looking to improve the information available on the council website and the local offer should provide more clarity on what is available. They are also thinking about a 'bridging' document to tie together the children's ASC plan and the adults with ASC plan, to try and reduce the gap between them. The new Education, Health and Care Plans (EHCP) run to age 25 whilst a young person remains in education and this will help improve transition post 16. There are also different legislative drivers for the different services. A small number of young people are placed outside the city and they can feel less planned for when they reach 18yrs old as they are remote. AN is looking a better way of doing this and to put aside time to monitor these young people.

Q – Are you working with the universities in the city?

AN – It is up to the individual to take their information to the university if they want them to know. The EHCP does not follow into higher education. Schools will provide references and personal statements so the university or college should be aware.

Comment – Students now have a personal tutor to talk to them.

Q - How will the local offer help?

AN – It will provide information online that is searchable and interactive.

MH – Adults may have intermittent contact rather than continuing contact with services. There is a need to do better signposting and better information on the council website.

AN – A statement lapses when a person leaves education. This will be replaced by EHCP that will go until 25yrs old. Year 9 is the start of the planning process and there will be triggers to think through what to do. Careers advice is now in schools so they will support children.

MH – When a young adult gets a diagnosis it doesn't necessarily trigger anything. So every service a person may contact should make reasonable adjustments – this isn't managed through the LA in a particular way. A lot of general awareness raising has gone on over the last 2 years.

AN – The Champions Network is a champion for everyone so parents and siblings too. It will help build awareness in the city.

Q – Is there scope for more voluntary provision?

MH – We need to objectively review what there is available. There are 2 charitable organisations and they may not have funding. One task is to review the demand for services. The better diagnostic service might help those who are going to the voluntary sector for support. There isn't enough voluntary sector support but it hasn't been formally reviewed but this will happen in the next 18months. The first step is to tell people what is available. The council is coming from a low position of awareness a few years ago. It is important to improve the website.

The Chair thanked everyone for a most interesting and valuable session.

39. ANY OTHER BUSINESS

There was no other business.

The meeting concluded at Time Not Specified

Signed

Chair

Dated this

day of