Good practice in supporting children and young people with autism and complex needs locally

Mandy Reddick and Ben Higgins
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Autism

Autism is a lifelong developmental disability that affects the way a person communicates with, and relates to, people around them. One in 100 people in the UK has autism. It is estimated that there are more than 20,000 children and young people with autism in the south west of England alone.

People with autism share three areas of difficulty:
• social communication (eg. problems using and understanding verbal and non-verbal language)
• social interaction (eg. difficulties recognising and understanding emotional states and resulting difficulties in understanding intentions of others and managing their own feelings)
• social imagination (eg. difficulties coping with new situations or changes of routine).

Autism is a spectrum condition. Although many people with autism can lead relatively independent lives, others require significant support throughout their lifetime.

This report uses the term autism to describe all autism spectrum disorders, including Kanner autism and Asperger syndrome.

Complex needs

The common unifying feature of children and young people with complex needs is their vulnerability (Carpenter 2010). Many have co-existing conditions and additional mental health needs. We are seeing an increase in numbers of children and young people with complex needs – many of whom have autism.

Local provision

The report Aiming Higher for Disabled Children (DfES 2007) recommended that primary school pupils and those with special educational needs (SEN) should be educated within 45 minutes of the family home. However, everyone should be entitled to support within their local community. Some people may not be able to cope with a 45-minute journey to and from school every day.

Purpose

The Regional Improvement and Efficiency Partnership (RIEP) provided funding for this project to provide all children and young people directorates in the south west with guidance and examples of good practice to improve local provision and long-term outcomes for children and young people with autism and complex needs. The guidance aims to support local authorities to:
• improve local provision
• reduce reliance on children and young people being placed a long way from the family home
• improve long term outcomes for those with the most severe and complex needs
• achieve significant cost savings.

The guidance identifies characteristics of good local provision and includes examples of good practice, early intervention schemes and local support, and outlines the business case for developing more local and more specialist provision.

The steering group involved representation from key stakeholders including the Department for Education, the Government Office South West, the South West Development Centre, the Autism Education Trust, the RIEP, the Young People’s Learning Agency, The National Autistic Society, South West Autism Network, and representatives from children and young people directorates in local authorities and primary care trusts.
Autism is a lifelong developmental disability that affects one in 100 people in the UK. It is estimated that there are more than 20,000 children and young people with autism in the south west alone and the number of young people recognised as having the condition is expected to increase significantly over the next decade. Provision in local mainstream services is slowly improving. However there are significant concerns about the long-term outcomes for those with the most severe and complex needs. Many children and young people with autism can present challenging behaviour, which results in high rates of exclusion and difficulty accessing provision outside the school day. This can put considerable strain on families and often results in crisis situations requiring specialist provision. There are significant concerns about the way such services are commissioned. Frequent placements are commissioned without setting clear outcomes and as a result placements are often inappropriate and a long way from the family home. This can be detrimental to the young person’s well being. Once placed in out of area provision many of the local support mechanisms fall away, making it very difficult to reintegrate the young person back into authority. For many this results in lifelong placements a long way from the family home with little choice or control over their lives and poor long-term outcomes. It is estimated that approximately 400 children and young people with autism from the south west are currently placed in out of area provision many of the local support mechanisms fall away, making it very difficult to reintegrate the young person back into authority. For many this results in lifelong placements a long way from the family home with little choice or control over their lives and poor long-term outcomes.

The needs of many children and young people with autism who are placed in INMSS could be met locally through the development of a more appropriate continuum of local provision. Local special schools need to adapt and evolve so they are suitable for those with more severe and complex needs. There is a need for better collaborative working protocols across education, social care, health and the voluntary sector in order to identify those most at risk, to intervene early and to prevent reliance on such placements.

Much of the challenging behaviour that ultimately causes out-of-area placements is the result of placing the young person in an inappropriate environment and a lack of understanding of the needs of individuals with autism. There is a need for a more flexible model where specialists with high levels of autism expertise are available to provide intensive additional and personalised support to those with more severe and complex needs in order to prevent family or placement breakdown. In addition there is a need for more intelligent and joined-up planning to support which can mirror that offered by INMSS. Much of the challenging behaviour that ultimately causes out-of-area placements is the result of placing the young person in an inappropriate environment and a lack of understanding of the needs of individuals with autism. There is a need for a more flexible model where specialists with high levels of autism expertise are available to provide intensive additional and personalised support to those with more severe and complex needs in order to prevent family or placement breakdown. In addition there is a need for more intelligent and joined-up planning to support which can mirror that offered by INMSS. Much of the challenging behaviour that ultimately causes out-of-area placements is the result of placing the young person in an inappropriate environment and a lack of understanding of the needs of individuals with autism. There is a need for a more flexible model where specialists with high levels of autism expertise are available to provide intensive additional and personalised support to those with more severe and complex needs in order to prevent family or placement breakdown. In addition there is a need for more intelligent and joined-up planning to support which can mirror that offered by INMSS. Much of the challenging behaviour that ultimately causes out-of-area placements is the result of placing the young person in an inappropriate environment and a lack of understanding of the needs of individuals with autism. There is a need for a more flexible model where specialists with high levels of autism expertise are available to provide intensive additional and personalised support to those with more severe and complex needs in order to prevent family or placement breakdown. In addition there is a need for more intelligent and joined-up planning to support which can mirror that offered by INMSS.

The United Nations Convention on the Rights of the Child states that health is the basis for a good quality of life and mental health is of overriding importance in this. Yet 70% of children and young people with autism have additional mental health difficulties (eg anxiety, depression); these are often preventable but are unrecognised. We are therefore failing many children and young people with autism. The project will seek to address this by supporting local authorities to develop local provision for more children and young people with autism and complex needs.

Strategic planning: Make effective use of data and ensure strategic planning to ensure there is an appropriate range of provision spanning the whole spectrum of need in order to reduce reliance on INMSSs.

Training: Ensure that multi-tiered autism training is available in all agencies in each local area in order that commissioners can respond appropriately to the needs of young people with autism, reducing the risk of placement breakdown.

Continuum of provision: All local areas should ensure there is a range of appropriate provision to respond to the needs of learners across the spectrum, including those with complex needs that may challenge traditional services.

Further education: Local areas should ensure there is appropriate local further education provision for learners with autism and complex needs to reduce current reliance on INMSS placements (30% of which are in further education institutions).

Short breaks: Local authorities should develop appropriate specialist short-break provision, including overnight breaks, for young people with autism and complex needs in order to reduce reliance on INMSSs (a majority of such placements involve part-time residential provision).

Mental health: Child and adolescent mental health services (CAMHS) should develop more preventative services and provide better access to appropriate therapeutic services for young people with autism and complex needs.

Multi-agency working: Local authorities should ensure there is effective multi-agency working to enable families to receive integrated targeted support which can mirror that offered by INMSSs.

Outreach: Local authorities should develop specialist provision that can act as the hub of expertise for the local authority, providing expertise, training and outreach to other services so they become better equipped to manage the higher level of needs.

Family support programmes: Local authorities should consider introducing family support programmes such as those in Bristol to help prevent family breakdown and the need for more specialist provision.

Input of carers: Children’s trusts should follow the example of Autism in Mind in Sunderland and invite parents with children with autism spectrum disorders (ASD) to have an input into strategies for children and young people with autism and learners with learning difficulties or disabilities.

Third sector provision: The public sector should consider using the expertise offered by the third sector when developing specialist provision.

Regional planning: Local authorities in the south west might consider forming an autism consortium similar to that in Greater Manchester, which achieves economies of scale through sub-regional strategic planning.

Person-centred planning: Local authorities should promote more use of person-centred planning to put the young person and their family at the centre of the planning process and support young people to achieve their aspirations.

Transitions: Local authorities should consider developing an adult and transition autism service so young people with autism can access appropriate support to live effectively in community settings, have their needs anticipated and lead more fulfilling lives.

Integrated provision: Local authorities should consider developing a comprehensive integrated autism service, which includes education options through special schools and a resource base attached to a mainstream school, social care options through extended activities, short breaks and residential provision, and effective input from health, and outreach and training. Such provision significantly reduces reliance on INMSS placements.

Commissioning: Local authorities should agree clear outcomes with providers when commissioning places for young people with autism and complex needs. This makes it easier for local authorities to demonstrate value for money and INMSSs to demonstrate outcomes.
The business case

The number of children and young people being recognised as having autism is increasing. In some areas this increase has been over 7% per year. While the number of children and young people with SEN remains reasonably constant the proportion of those with more complex needs is also increasing (figure 1).

Figure 1 Trends in placements for children with BESD and ASDs in the UK, 2002–2007

% age of all placements

<table>
<thead>
<tr>
<th>Year</th>
<th>2002</th>
<th>2003</th>
<th>2004</th>
<th>2005</th>
<th>2006</th>
<th>2007</th>
</tr>
</thead>
<tbody>
<tr>
<td>0.0%</td>
<td>10.9%</td>
<td>18.4%</td>
<td>19.5%</td>
<td>20.7%</td>
<td>22.9%</td>
<td>24.2%</td>
</tr>
<tr>
<td>5.0%</td>
<td>20.5%</td>
<td>25.7%</td>
<td>27.1%</td>
<td>29.5%</td>
<td>29.7%</td>
<td>30.8%</td>
</tr>
</tbody>
</table>

There are more than 300 children and young people with autism in INMSSs in the south west of England and the proportion of children placed in them 2009-10.

Only 10% of INMSS special schools are for pupils of primary age – 90% are for secondary and post-16 students. There is far less need for autism specialist provision at primary school. However, there clearly is a need for autism specialist provision at secondary school and post-16. Nearly one-third (31%) of INMSS placements are for post-16 students. It is well documented that there is a lack of appropriate further education provision for learners with autism; 70% of post-16 placements are for residential care. There is clearly a significant need for residential provision for this age group.

A day placement with 1:1 support for children and young people with autism in a maintained special school costs approximately £33,500 per year in Devon. The leading providers of autism specialist INMSSs in the south west are organisations such as The National Autistic Society (NAS), Cambian and Pitney, whose charges range from £35,000 to about £65,000 per year for a day placement. A majority of INMSS placements are for young people who require residential provision. Table 1 shows the costs per place for children and young people in a maintained special school in the south west.

Table 1 Annual cost of places in INMSSs in the south west of England and the proportion of children placed in them 2009-10

<table>
<thead>
<tr>
<th>% of total placements</th>
<th>Day placement</th>
<th>Residential (per week)</th>
<th>Residential (per term)</th>
<th>Residential (52 weeks)</th>
</tr>
</thead>
<tbody>
<tr>
<td>43%</td>
<td>&lt;£65,000</td>
<td>&lt;£115,000</td>
<td>&lt;£165,000</td>
<td>&lt;£250,000</td>
</tr>
</tbody>
</table>

Source: Ofsted reports

It is difficult to compare the cost of INMSSs with public sector provision. This is because central local authority costs cannot be broken down in the same way as those for INMSSs. In addition, costs for accommodation are met by the local authority, whereas INMSSs meet those costs and it is a factor in fees charged. It is especially difficult to compare costs for 52-week residential provision with 1:1 support, which often costs well in excess of £200,000 per year in an INMSS. In order to establish the total cost of the public sector equivalent it is necessary to calculate the sum of expenditure for all education, health, social care, transport and central local authority costs. One authority estimated the cost of health and transport alone to be £23,000 per year for a pupil requiring additional therapy in a maintained special school.

Table 2 provides a comparison of annual costs for local authority and INMSS care.

Table 2 Comparison of annual cost per pupil with autism (1:1 for 52 weeks) for annual care in local authority accommodation and in an INMSS, 2009/10

<table>
<thead>
<tr>
<th>Cost category</th>
<th>Local authority</th>
<th>INMSS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Education</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Standard special school place</td>
<td>£19,000 (level 4)</td>
<td>£29,000</td>
</tr>
<tr>
<td>Additional cost for 1:1 support</td>
<td>£14,500</td>
<td>£16,000</td>
</tr>
<tr>
<td>Educational psychologist</td>
<td>£500</td>
<td>£500</td>
</tr>
<tr>
<td>Social care</td>
<td></td>
<td></td>
</tr>
<tr>
<td>52-week care with 1:1 support (including accommodation, provisions, night support etc)</td>
<td>£137,500</td>
<td>£126,500</td>
</tr>
<tr>
<td>Health</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Clinical psychology</td>
<td>£500</td>
<td>£500</td>
</tr>
<tr>
<td>Nurse</td>
<td>£1,000</td>
<td>£1,000</td>
</tr>
<tr>
<td>Speech and language therapy</td>
<td>£500</td>
<td>£1,500</td>
</tr>
<tr>
<td>Occupational therapy</td>
<td>£500</td>
<td>£500</td>
</tr>
<tr>
<td>Central costs</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Local authority, finance, human resources etc*</td>
<td>£17,400</td>
<td>£22,000</td>
</tr>
<tr>
<td>Other costs</td>
<td>£5,200</td>
<td>£1,000</td>
</tr>
<tr>
<td>Travel**</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total costs</td>
<td>£196,600</td>
<td>£198,500</td>
</tr>
</tbody>
</table>

Source: The figures have been based primarily on information supplied by the NAS for INMSSs, and by a Devon school mentioned as an example of good practice offering 52-week placements. The business case also draws on other information from elsewhere to provide the outline costs.
Notes

* The amount of Local Authority Central Spend Equivalent Grant (LACSEG) an academy receives, and the proportion of overall funding it represents for the academy, varies. The DfE has previously indicated that on average local authorities retain around 15% of school funding, so the LACSEG could approximate to a similar proportion of the budget for some schools. With a review of the way the level of LACSEG is calculated pending, and reductions in local authority funding, it may be that levels of LACSEG will change. However, the government has announced that current levels of LACSEG will be reduced by up to a maximum of 10% for academies in 2011/12 (SSA Trust 2011). This figure has been calculated at 10% of total costs.

** Based on Waltham Forest average SEN travel costs in November 2010.

Analysis:

• Education costs: Public sector provision is significantly cheaper than INMSS provision. This may be partly because public sector providers are entitled to additional grants and funding schemes that are not always available to INMSSs.

• Care costs: INMSS provision is significantly cheaper, possibly because of economies of scale, which an individual local authority is unable to achieve.

• Health: Public sector costs are slightly cheaper, possibly because of economies of scale, which an individual INMSS is unable to achieve.

• Central costs: Public sector costs are slightly cheaper, possibly because of economies of scale, which local authorities are able to achieve.

• Transport: INMSSs are significantly cheaper. This is mainly because there is less need for transport between services in INMSSs than in local authorities, which fund the SEN transport costs per pupil in INMSS and maintained provision.

• Overall costs: INMSSs are only marginally more expensive than public sector provision for those with complex needs requiring 1:1 support for 52 weeks of the year.

It is worth commenting that funding levels for SEN special schools do not necessarily reflect actual costs. In addition, it may be that because this is a new provision in a maintained special school there are additional start-up costs.

It is worth noting that there are considerable variations in the cost of INMSS placements and many such placements cost significantly more than £200,000 per year. However, 52-week provision will always be expensive whether it is offered in INMSSs or by the maintained sector because of the high level of personalisation and support required.

Conclusions

While the actual cost of supporting a young person with complex needs requiring specialist support is only marginally cheaper through the public sector than the private sector there are considerable long-term benefits of developing more local in-house provision.

First, by having specialist provision locally you have local expertise, which can be used to provide training and outreach to prevent placements breaking down in the first place. One unitary authority in the south west currently places about five young people with autism a year in INMSSs. Even if such an approach only prevented one such placement a year that would be a reduction of 20% in such placements, resulting in better outcomes and value for money.

Second, supporting young people locally makes it significantly easier to reintegrate them back into less specialist provision. It is not uncommon for young people to be placed in specialist settings at short notice as a result of crisis situations. If they are placed in an appropriate environment and supported by staff with appropriate skills it is often possible to reduce levels of anxiety and resulting behaviours fairly quickly. The unitary authority mentioned above, which on average is funding INMSS placements for an average of five years, with local provision might be able to reduce INMSS placements to an average of three years before the young people were reintegrated into less specialist provision.

Table 3 examines the potential long-term impact of these measures.

While the costs of supporting a young person with autism and complex needs requiring high levels of support remains high, by developing appropriate local provision it is possible to reduce the duration and frequency of such placements. This could enable a 50% reduction in overall costs as well as achieving better outcomes for young people.
The Audit Commission report Out of Authority Placements for Special Educational Needs (2007) made the following observations:

- The needs of many children and young people with complex needs, particularly those with autism, are not currently being met by their local schools.
- There is a need for better strategic planning, budget planning and commissioning for children and young people with complex needs.
- Strategic planning for children with complex needs is poor and opportunities to provide more integrated and cost-effective services through joint working between education, social care and health services are not being maximised.
- Where strategic planning is less strong, there has been a lack of strategic action, which has resulted in higher levels of placements in out-of-authority schools.

Where there is a lack of appropriate provision, there is an increased reliance on INMSS placements, which in turn leads to a lack of investment in local services. Many local authorities are caught in this sort of vicious cycle.

Local authorities need to ensure they have comprehensive data on the number of children and young people with autism and use this intelligence effectively to inform the commissioning of services. For example, Surrey has identified that over the last seven years there has been an 82% increase in the prevalence of children and young people with autism, and recognised there is a high reliance on INMSS placements. This has enabled Surrey to accept the need for special schools to adapt to meet the changing needs of children and young people with SEN – particularly those with autism and complex needs. Such intelligence is used to inform local children and young people plans and SEN strategies, and ultimately the commissioning of local services.

Since the elections in May 2010, ‘local authorities have a new role in improving the health and wellbeing of their population as part of a new system with localism at its heart and devolved responsibilities, freedoms and funding’ (Healthy Lives, Healthy People, DOH 2010b).

The importance of good quality information was stressed in a DES report in 2007:

> Good quality, consistent, and up-to-date information is essential to the provision of services to all those in need, including disabled children. Collection and appropriate use of such information facilitates the operation of mutually aware, child-centred services working together to ensure the best possible outcomes for children, and especially for those with additional needs.

**Aiming Higher for Disabled Children (DES 2007)**

**Good practice in strategic planning that takes account of data and trends: Somerset**

Somerset evaluated data for the incidence of ASD with high needs in the local population; this has increased from one in 2002/3 to 25 in 2010, with an expectation that numbers will continue to rise. This was evaluated with the money given to INMSSs for the placement of pupils with an ASD and complex needs. The two data sets were aligned with Somerset’s aim to develop local specialist provision, enabling children and young people to remain in their local communities. Although there remains a need for independent specialist placements, these are now only eight of these placements, resulting in a significant saving for the local authority, and higher numbers of children and young people with an ASD remaining in their locality.

**Contact:** Peter Harrett, Autism Strategic Lead, Somerset County Council

**Recommendation**

Make effective use of data and trends in strategic planning to ensure there is an appropriate range of provision spanning the whole spectrum of need in order to reduce reliance on INMSSs.
Children on the autism spectrum are disproportionately affected by exclusions from school. According to a 2005 study 27 per cent have been excluded from school, compared with 4% of other children. The NAS Make School Make Sense report states that in many cases such exclusions represented a failure on the part of their educational setting to provide appropriate support and training. Exclusions often resulted from a lack of understanding on the part of teachers, learning support staff and supervisory staff of the social and communication impairments experienced by children on the autism spectrum. The finding was supported by a 2006 survey of National Union of Teachers members which showed that 44% of teachers did not feel confident teaching children on the autism spectrum.

NAS (2006)

Many of the difficulties that young people with autism experience are the result of poor understanding of autism in local services. This can result in staff being unable to meet the needs of the young person, increasing reliance on out-of-authority placements.

All those who support people with autism require basic autism training. However, those with complex needs require support from community professionals and frontline staff with a higher level of understanding and experience in the autism field.

Professionals and frontline staff working across social care, education and CAMHS require greater expertise to respond more appropriately to the needs of young people with autism and complex needs. It is essential that all such professionals can access good quality accredited autism training.

The exclusion of pupils with SEN is alarmingly high. The behaviour of pupils with an ASD and complex needs whose needs are not understood or met can result in those pupils being permanently excluded, which can be followed by the need to find an alternative placement, which can be an INMSS.

Good practice in multi-tiered training for people working with children and young people with an ASD to ensure knowledge and understanding of autism across all services: South Gloucestershire

In South Gloucestershire, the NAS provided training over a year to CAMHS and professionals from all other agencies working with children and young people with an ASD in South Gloucestershire. The aim of the project was to build the capacity of CAMHS professionals to meet the needs of children and young people with an ASD. Staff on this project consulted with a range of CAMHS professionals to identify specific training areas for development in their work with children and young people and their families with a diagnosis of an ASD.

Training was offered to CAMHS professionals including primary mental health workers, specialist nurses, therapists, psychotherapists, psychiatrists, clinical psychologists and social workers. Professionals from other agencies included learning disability nurses, social workers, Connexions staff, educational psychologists and specialist teachers.

The training included an introduction to ASDs, social communication, sensory differences, difficulties with imagination and flexible thinking, interventions, effective partnership with people with ASDs and their families, individual perspectives, Asperger syndrome, diagnosis, challenging behaviour, high-risk offending behaviour, sexuality and relationships. In addition there were three interactive workshops which supported participants to share ideas, find solutions, meet needs, support each other and review practice.

Feedback from the training was extremely positive. It enabled participants from all agencies to have a shared understanding and knowledge of ASDs, which has informed their practice. The following feedback gives a flavour of how the training has developed professional understanding of autism:

It’s not just helped me to understand autism, it’s helped me to understand human behaviour and the fact I must keep being flexible and resourceful. It’s now even better to talk to autistic young people about life and the way they understand their world.

I am much more able to let go of what doesn’t work and keep doing what does work. These things sound and look simple, but get so easily forgotten.

Contact: Mel Meek, CAMHS, South Gloucestershire Council

Recommendation

Ensure that multi-tiered autism training is available across all agencies in each local area in order that community professionals can respond appropriately to the need of young people with autism, reducing the risk of placement breakdown.
The Green Paper Support and Aspiration (DfE 2011) outlines opportunities for parents to be consulted and involved in selecting their child’s provision. A survey by the NAS in 2011 suggests a majority of parents of young people with autism would like their child to be educated in an autism-specific provision. The Green Paper also sets out the role of the special school as a hub of expertise for local special and mainstream schools.

Autism is a spectrum condition and therefore requires a continuum of provision. While many young people can cope independently in mainstream schools, others benefit from resource bases attached to mainstream schools, or generic special schools. Those with autism and complex needs need more specialist provision such as an autism specialist school as opposed to a generic special school. Those areas that have autism-specialist provision often rely less on independent provision. Having sufficient resources, well-trained staff and well-equipped accommodation in strategically designed autism-specific provision results in reduced exclusions. Appropriate staffing levels, accommodation matched to need and high levels of training and skills supports pupils to have their needs met appropriately.

**Figure 2** The continuum of education provision for children and young people with autism

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**Good practice in ensuring a continuum of education provision: The Corley Centre, Coventry**

The Corley Centre, Coventry, is a special school for children aged 11–16. It has an integrated outreach team called Coventry Autism Support Service (CASS), which offers a targeted service for all children and young people with a diagnosis of an ASD. The local authority devolves the budget for the outreach service to the school. The integrated provision means that the Corley Centre has an overview of all children and young people with statements for ASD across the city (currently 245 in special schools, and approximately 640 in mainstream schools). Information about these pupils’ needs, the support they have received and will need, and liaison with parents culminates in integrated planned support and provision. This results in better targeted support, a continuum of provision, and informed placement for all children and young people with a diagnosis of an ASD. The continuum of provision ranges from targeted support from CASS in mainstream schools, placement in a specialist resource base, links to enrichment opportunities in the special school, placement in the special school, to placement in the special school with extended day opportunities and/or residential experience for two nights a week. Consequently, enhanced local provision has reduced the number of out-of-authority placements.

Funding for CASS comes from out-of-city and local authority budgets, and from service level agreements with schools. Separately, there is an agreement with the LA that, of the money delegated to the mainstream schools for the ASD resource bases, a set amount is given to CASS to cover the cost of an SLA to provide support and professional development to the bases. CASS offers professional support to pupils and staff, with a staged provision according to need. The Corley Centre has developed two resource bases in a primary and secondary school, and a further resource base is to be provided within a new-build primary school, due to be completed in 2012.

CASS city-wide information extends to being able to identify the best placement for each child, to ensure they are placed appropriately, whether in the special school, the resource base, or a mainstream school with support.

Placement of students for the primary resource base is time-bound to two years, although it is not always possible to estimate this accurately. Free flow of students through the resource base ensures wider access to places.

The school also offers post-16 provision (16–18) for six places per year group, which is funded separately by the local authority. This is for students in years 12–13 who need some extra support while managing Level 1 and 2 courses in college. Those pupils who need full-time education in a school go to another special school. The colleges attended by these pupils have had ASD training from CASS, which ensures consistency of approach.

The school offers residential provision according to annual review recommendations. The residential provision is usually a result of offering the opportunity to have more work on social and independence skills. The school provides this through either extended day activities or up to two days residential experience per week.

Special schools [provide] education for children with the most severe and complex needs, and [share] their specialist skills and knowledge to support inclusion in mainstream schools.

**Removing Barriers to Achievement (DfES 2004)**

**Contact:** Helen Bishton, Principal of the Corley Centre

**A local authority model for a continuum of provision: Oaklands Park School, Dawlish**

Those children and young people with autism and the most complex needs continue to require specialist multi-agency provision often including 1:1 support for 52 weeks of the year. Traditionally this has been provided by INMSSs. However, some local authorities are working sub-regionally to develop their own range of autism and complex needs-specific provision.

Oaklands Park School, Dawlish, is an example of the successful outcome of a local authority and school commitment to and realisation of supporting children to have a holistic and personalised provision, which meets individual needs, and provides consistency of care and education. With its range of residential provision, pressure on families is alleviated, but ensures that contact with families is maintained as providers are within reasonable travelling distance from the children’s homes.

Devon County Council and Oaklands Park School have displayed vision in welcoming and funding the development and expansion of opportunities for children and young people with an ASD and complex needs so their needs can be met locally. The planning phase has taken between two and three years. The local authority has invested £7.5 million to provide two accommodation blocks, which are of a very high standard, as well as a new education block. Provision includes access to a range of in-house therapeutic support, including occupational therapy, speech and language therapy, a school nurse, and close links to local authority agencies. As a result the local authority in partnership with the school now has the facility to offer a range of specialist and bespoke provision to meet the complex needs of children and young people within their own authority, and to use the independent sector when they require additional capacity or level of specialist support. The places at the school are pre-purchased by Devon and Torbay.

Oaklands Park School, Dawlish, offers a range of provision for pupils with complex needs and ASDs. This includes day provision, weekly boarding, termly boarding, 52-week boarding and respite care. The school also offers up to 400 respite bed nights for up to four of its own children or young people at a time during holidays, overnight and weekends, according to their care needs and care planning.

**Contact:** Bob Pugh, Principal, Oaklands Park School, Dawlish

**Recommendation**

All local areas should ensure there is a range of appropriate provision to respond to the needs of learners across the spectrum, including those with complex needs that may challenge traditional services.
**Further education**

Learners with autism often experience significant barriers in accessing further education provision. As a result, 30% of referrals to INMSSs at post-16 are for pupils with an ASD and complex needs. The report Valuing People Now (DOH 2009) highlighted the need for learners with autism to experience equal access to further education. For learners with autism and complex needs this often requires developing specialist local provision including autism-specialist sixth form provision.

**Good practice in autism specialist further education provision: City College, Norwich**

City College, Norwich, has created the Rug Room, a regional centre for learners with autism. The Rug Room offers a safe haven for students throughout the day, and is designed to provide alternative space for lunch, work (including IT facilities), time out and specialist support. This is an effective alternative to INMSS provision.

The project to make ASD-specific provision within the college came about as a result of an ASD student telling the college that what was needed was a separate room for these students. Part of the project was to consult with students and to have their input at every stage of development. The City College was the first college to offer this ASD-specific provision. The college was able to support students whose previous placement had broken down. The existence of the Rug Room showed there was somewhere to go and someone to speak to. It has been a successful model for reducing anxiety and enabling access to courses, and as a result retention and success rates have improved.

The college has also developed a transition support course called Purple Phoenix, for pupils with an ASD before moving on to level 1 or level 2 courses.

Preparation for transition to college from a specialist pupil referral unit begins during Year 12. This involves joint working of college and school staff across both establishments, enabling taster sessions, so that transition is successful for pupils with an ASD. As a result of innovative work with the local college, the pupil referral unit has a group of seven post-16 pupils who follow college courses in parallel in school, before tapering the time spent in school so that confidence in attending college with support is ensured.

This combines with Project Search, a link with a local hospital, which offers internships to pupils with an ASD and complex needs. A college tutor or job coach runs a year-long programme of work training for 12 young people via a series of work placements in a host employer organisation. ASD students at City College, Norwich, benefit from this initiative.

**Contact:** Vicky Plowright: City College, Norwich

**Recommendation**

Local areas should ensure a range of appropriate local further education provision for learners with autism and complex needs to reduce current reliance on INMSS placements (30% of which are for further education).

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**Access to short breaks**

Aiming High for Disabled Children (DCSF 2007a) recognised that disabled children had the right to the same opportunities to develop their potential as all children, and that families with disabled children had a right to short breaks from the responsibility of looking after their disabled child in order to lead a normal family life. The report acknowledged that children with autism or challenging behaviour were disadvantaged when they could not access such services.

All young people will have access to a diverse and attractive local offer of purposeful, engaging and exciting positive activities and places to go that responds to their needs and supports their personal development, including providing routes into more dedicated support and guidance for those who need it.

**Aiming High for Young People (DCSF 2007a)**

A majority of young people with autism placed in INMSSs are in residential provision. One of the reasons for this is that families cannot take short breaks, so children and young people are placed in residential schools when other support might make this unnecessary. However the highest level of residential placements is for pupils in termly residential provision. This suggests that, for some, enhanced support for families might lead to a reduction in those placements.

**Good practice in improving access extended activities, short breaks and respite or residential provision: Rotherham**

Rotherham has an exceptionally high level of children and young people – over 1000 children; 1 in 70 has an ASD. There is a similar increase in neighbouring authorities. As a result of good diagnostic services children and young people are being diagnosed more robustly. The Autism Communication Team forms part of the Children’s and Families’ Special Needs Service. The team does not teach but carries out core work in schools generally in an advisory consultative role. It has links with the Behaviour Support Service and does some work with children and young people with an ASD who are at risk of exclusion.

The Autism Communication Team in Rotherham, in partnership with the Youth Service, runs autism-specific youth club two nights a week for children and young people with autism. This provision is for children aged 13–19, and was originally funded by extended services but is now funded by the programme Aiming Higher for Disabled Children. Young people with autism and their siblings have access to specific support, reducing isolation and increasing confidence.

Evaluations from parents and children and young people have been very positive.

Information about the youth clubs is disseminated to all secondary schools. Individual children and young people are invited directly, sometimes by the local branch of the NAS, and some are ‘referred’ by the Education Psychology Service. Most children and young people start off being brought by their parents; for many, this is the first time there has been any ASD-specific provision for their child.

The team employs four inclusion support workers who have additional qualifications in ASDs who work year round, enabling the team to run holiday groups for siblings of children and young people with an ASD. These are split into different age groups and offer opportunities for children and young people to take part in a range of activities and trips. These groups were attended by 22 young people aged 8–11, and by 19 young people in the 12–17 group. Funding from extended services schools services enables these groups to take place. In addition there is some respite and short-break provision for families of children and young people with complex needs.

**Contact:** Gill Capaldi, Rotherham Autism Communication Team

**Recommendation**

Local authorities should develop appropriate specialist short-break provision, including overnight breaks, for young people with autism and complex needs in order to reduce reliance on INMSSs (as a majority of such placements involve part-time residential provision).
The United Nations Convention on the Rights of the Child states that health is the basis for a good quality of life and mental health is of overriding importance in this. Yet 70% of children and young people with autism have additional mental health difficulties (e.g., anxiety, depression); these are often preventable but are unrecognised. We are therefore failing many children and young people with autism. Young people with autism require better access to child and adolescent mental health services (CAMHS). All children and young people services supporting people with complex SEN need to increase their focus on promoting mental wellbeing.

**Good practice in improving access to CAMHS: the Hope Service, Surrey**

Hope is a multi-agency service that brings together staff from child and adolescent mental health services (Surrey and Borders Partnership NHS Foundation Trust), social care and education (Surrey County Council) to work with young people with severe mental health, social, emotional and behavioural problems. It provides intensive day and community support and interventions to reduce or prevent the need for admission to specialist placements. It is expected that children and young people referred to the service spend about 6–9 months in it. The health service refers young people who have such complex mental health issues that they are at risk of going to tier 4 for mental health.

The main aim of the service is to work in partnership with education and social care staff, tier 3 CAMHS teams, families and carers, local authority children's teams, and other professionals, schools and services involved in helping the young person to cope with their condition within their environment, enhancing their functioning and assisting and educating family/carers with the task. By doing so and gate-keeping entry to tier 4, the service aims to reduce the need for tier 4 beds and out-of-county placements.

The Hope Service works with young people with very complex mental health needs that cannot be met by one agency alone. It provides community support and/or day programmes, including education, to young people with the aim of improving their mental health and emotional well-being and reintegrating them back into education, training or employment. The team includes social workers, nurses, teachers, psychologists, art/drama therapists, psychiatrists, occupational therapists, dieticians and support workers.

Following a model in which there is access to CAMHS by children and young people with an ASD and complex needs, it is expected that replicating aspects of this specialist provision will reduce use of tier 4 CAMHS.

Outcomes from the Hope Service include:

- reduction in out-of-county placements or psychiatric assessment units
- targeted multi-agency provision to meet high tariff (tier 4) mental health needs
- pupils remain in their own locality
- holistic personalised provision that meets individual needs and aptitudes.

The Hope Service has two pupil referral units, each with a school improvement partner and individual Ofsted inspections. Provision is individualised according to need. Some pupils access programmes on site at either of the schools; others have programmes through outreach at home or in their mainstream school. Each pupil’s timetable reflects his or her needs; it takes longer to accustom some pupils who have been out of school for four years to engaging with education. Although the provision is intended to be for six months only, the service recognises that there are some pupils who need a longer time and ongoing support beyond that notional length of stay.

To support pupils’ mental health needs, the service has a consultant psychiatrist for two days a week. She works in tandem with pupils’ existing psychiatrists, and provides psychiatric care for those children referred by social care. The psychiatrist leads the family work team. This offers children and young people the opportunity with their families to talk through issues to prevent family breakdown and build stronger relationships.

The service employs five teachers who are employed across both sites. In addition there are three activity workers who also work at both sites. The service also employs an occupational therapist, psychiatric nurses, a part-time psychologist, an art therapist and a drama therapist. In total the service employs 18 staff. Pupils also have access to social workers according to need and referral routes.

**Contact:** Judith Sherington, Head of the Hope Service, Surrey

**Recommendation**

CAMHS should develop more preventative services and better access to appropriate therapeutic services for young people with autism and complex needs.
The SEN green paper (DfE 2011) highlights the need for more effective joint working across agencies including the proposed introduction of integrated health, education and care plans.

Young people with autism and complex needs require support from community professionals from a range of different agencies. The development of integrated multi-agency autism teams facilitates effective joint working protocols across social care, health and education at a strategic and a practitioner level.

The Audit Commission national report Out of Authority Placements for Special Educational Needs (2007) concluded that ‘while strategic planning for the educational needs of children with complex needs has improved, opportunities to provide more integrated and cost effective services through joint working between education, social care and health services were not being maximised’.

The report suggested that a ‘lack of integrated local programmes of support for children and families, such as therapies and mental health support’ had led to demand for out-of-authority provision in many areas. While adapting local provision to meet the needs of children and young people with an ASD and complex needs is essential, supporting services are also needed to meet their needs, which are often supplied by out-of-authority providers. These include access to occupational therapy, speech and language therapy and CAMHS, and multi-agency specialist support. Training to meet needs better and more effectively is also needed.

**Good practice in multi-agency working in Cornwall: Early Support and the common assessment framework**

Early Support is an approach to working in a multi-agency way for the benefit of disabled children and young people (up to adult services) and their families.

The whole ethos of Early Support is to put the child and family at the centre and to listen to their views and priorities, and from this be guided by them as to which services and support they feel they need. Information and service provision is co-ordinated, and families are supported to find out some of the things they need to know. In addition, individual professionals and support agencies working with a family are supported in integrating the services they provide and working in partnership with parents and carers.

Once the process is initiated, by either a parent or a professional, a Team Around the Child meeting is held. The professionals who are working with a child are invited to attend this meeting; it is an opportunity for parents to have as many professionals working with their child as possible in one place and can therefore reduce the need to repeat answers to questions, and keeps everybody informed about what is happening for that child and family.

After the Team Around the Child has ascertained the parents’ priorities and the child’s current position, the team puts together a family service plan, which has clear actions stating who is responsible for carrying them out and by what date they will be completed.

The family is asked to choose a lead professional who can act as one point of contact for the family; this is someone who will support the family by liaising with other professionals on their behalf, help find out information for the family and review their family service plan in between meetings to ensure all actions are being met.

Measuring effectiveness by quarterly statistical analysis of the common assessment framework, the lead professional role and early support enables the local authority to track incidence and outcomes in these three areas. The age, gender and locality breakdown of the framework initiation allow the local authority to map and plan for services. The range of roles and organisations initiating the framework enables the local authority to evaluate the spread of its initiation across different agencies, and the effectiveness of integrated working in everyday practice. This then leads to further analysis of the underlying reasons why certain professionals are more or less likely to be initiators of the common assessment framework process. Progress and trends can be measured each quarter for key areas, such as the number of initiators who go on to become lead professionals. This indicates the impact of guidance provided by the local authority on roles within this process. Information from statistical analysis is used to inform developments and shape practice. In addition, feedback from young people, parents and carers and lead professionals through the common assessment framework action plan reviews also help to measure impact and effectiveness.

**Recommendations**

Local authorities should ensure there is effective multi-agency working to enable families to receive integrated targeted support, which can mirror that offered by INMSSs.
Good practice in providing specialist outreach support to prevent placement breakdown: Nottinghamshire

Nottinghamshire County Council has a large, centrally funded Autism Support Service of 21 teachers and six teaching assistants covering 360 schools. The service sees approximately 200 children and young people per year. It operates a staged approach, which ensures each school has a designated support teacher at the universal and more intensive level. There are currently 1754 children and young people aged 0–19 years with a diagnosis of an ASD. Knowledge of these children and young people allows the Autism Support Service to target support according to a detailed drilling down into the data. This enables it to quantify the areas of the county where the children and young people are located, to spot trends and clusters of incidence of ASDs, and those in the first year into secondary education. The service has a very accurate knowledge of children and young people with an ASD in schools in Nottinghamshire, and there is a multi-agency strategy group for children and young people with an ASD, which uses this data to plan and strategically quantify outcomes for this group.

Outcomes of the work of the Autism Support Service include:

- a reduction of out-of-county placements
- increased inclusion because fixed-term and permanent exclusions of children and young people have reduced
- improved relationships between parents and schools
- fewer children and young people with autism dropping out of school
- baseline information across each national curriculum year group enabling the Autism Support Service to target and meet needs appropriately and successfully.

Support is offered wherever there is evidence that the primary need is communication or interaction. One member of the specialist team for complex needs visits for one session weekly to support the child and the school to improve interaction. The support offered covers a wide range of training opportunities for the school as a whole.

At an intensive level of support, the support offered is not time bonded. A designated teacher from the Autism Support Service is in every school; at the start of every term the teacher meets the educational psychologist, the head teacher and the SEN co-ordinator to identify which children and young people have needs relating to their ASD, and how and what type of support can help with those needs. A formal diagnosis of ASD is required for support at this level. The team can also offer joint planning of lessons, effective modelling of teaching, team teaching and demonstration lessons.

The Autism Support Service offers a wide range of training, some of which is at Masters’ degree level. In 2009/10 20 teachers enrolled on this course. The Autism Support Service also has input to the national accreditation course for SEN co-ordinators and has a full day’s training for trainee teachers on understanding autism. The support service works with special schools.

Contact: Linda Lyn Cook, Nottinghamshire County Council

Good practice in outreach support: Specialist Teachers Autism Support Service, Leeds

North West Leeds Specialist Inclusive Learning Centre is a community special school catering for pupils aged 2–19. Pupils are based in one of three special school sites or in mainstream partnership schools. The school has recently taken on the city-wide autism support service. The Specialist Teachers Autism Support Service supports 360 children and young people across a range of settings and has been accredited by the NAS. The prime objective is to ensure staff and parents across the city are empowered to meet the needs of young people with autism.

Contact: Michael Purches, Principal, North West Leeds Specialist Inclusive Learning Centre
Good practice in supporting children and young people with autism and complex needs locally

Supporting carers

Rates of family breakdown are significantly higher among families who have a child with autism. Local authorities need to demonstrate a commitment to supporting families.

Early support for disabled children and their families is essential to prevent problems such as deteriorating health, family stress and breakdown, children potentially being placed in care, and deteriorating emotional and social development for disabled children and their siblings.

Aiming Higher for Disabled Children (DfES 2007)

Good practice in preventing family breakdown: Bristol

Bristol NHS commissioned the NAS to develop and deliver a family support programme for small groups of up to eight families with children who have autism, which focuses on preventing family breakdown and promoting positive family life.

The programme seeks to support parents, give them tools to deal with problems linked to their child’s needs as they arise, and give them information about autism. The programme offers a home visit before or during the course. The programme separates the parents by the age of the child.

The programme covers sessions on autism and diagnosis, education and transition to adult life, self-esteem and social skills, education rights and laws, understanding behaviour, keeping safe and anti-bullying, relationships, puberty and sexuality. The groups also work with parents to develop their ‘All About Me’ passport, similar to person-centred reviews, which includes the top ten tips the school or babysitter needs to know about the child. Also included are the child’s talents, favourite things, family details and so on. This short-circuits the other information held by a school, so the teacher or babysitter holds the most essential information about the aspect of the child, for example significant preferences and behaviours.

The group also adopts a trouble-shooting approach to parental problems. The structured programme uses practical tips, and day-to-day examples of how things work, such as standard letters parents can use for school, for instance a request for the writer’s email to be circulated to other parents of children with an ASD to speak to them to offer mutual support, or a letter designed to enquire about the social skills advice the child is receiving in school.

The project is validated by Bristol University and there has been very positive feedback from the courses so far. One positive outcome has been that parents now support each other outside the group.

Contact: Andrew Powell, NAS

Recommendations

Local authorities should consider introducing family support programmes such as the one in Bristol to help prevent family breakdown and the need for more specialist provision.

Working with carers

We have worked closely with family carer groups to ensure that this strategy reflects the concerns they raised during the consultation – that they be seen as expert partners in the care of their loved ones and that the particular needs of people with more complex conditions are met.

Valuing People Now (DOH 2009)

Good practice in supporting and working with carers: Autism in Mind, Sunderland

Parents with children with autism formed the group Autism in Mind (AIM) in 2001. They have championed the cause for children and young people with autism in Sunderland. The group has engaged effectively with the local authority to promote good practice. The energy, commitment and enterprise of initially six parents have resulted in representation for autism at a range of levels in the local authority, and referrals from a range of services.

As a result of forging a link with the Children’s Trust, AIM has an input into the Sunderland strategy for transformation for children and young people with learning difficulties or disabilities for 2009–2025, and responds to all local authority consultations on children and young people with autism. AIM has now become involved in adult and children’s services planning and has links to the Aiming High agenda and Connexions.

The group worked with a local authority autism planning group to produce a booklet, which is given to all parents when a child is diagnosed with autism. The group has very good links with the Autism Outreach team, and liaises with parents, carers and other teams and services.

AIM offers support for parents before, during and after diagnosis. One of our primary functions is to lessen the feelings of isolation parents of children with autism can feel.

Our parental supporters offer telephone and online support, and quarterly meetings. They help with enquiries about school, parental concerns and how to fill in forms to claim Disability Living Allowance, and support parents at school meetings, with social care and with CAMHS.

AIM also has representation on the Children’s Trust Strategic Partnership Board. This ensures children and young people with autism continue to have a high profile in decision making and strategic planning.

Contact: Carole Rutherford, Autism in Mind, Sunderland

Recommendations

Children’s trusts should follow the example of Autism in Mind in Sunderland and invite parents with children with an ASD to have an input into strategies for children and young people with autism and learning difficulties or disabilities.
Public and third sector partnership working

The public sector cannot always be expected to have sufficient expertise to support those with the most complex needs, but there is an increasing number of examples of public-third sector partnerships working to develop local provision with the expertise to respond appropriately to the needs of those with the most complex needs. The SEN green paper Support and Aspiration (DfE 2011) highlighted the need for local authorities to make better use of expertise within the third sector.

The report Special Educational Needs (Policy Exchange 2011) proposed that as part of their general approach to ensuring there is an adequate supply of good quality provision in local areas, regional partnerships should monitor progress made by schools and local bodies in attracting and using third sector support.

**Good practice in partnership working between the public and third sector: East Ayrshire**

Replicating the partnership working between the NAS and East Ayrshire where the NAS supported the development of a satellite school would enable children and young people with autism and high levels of challenging behaviour to have their needs met locally and remain close to their families and within their local area. This would facilitate the opportunity for close working at transition.

The NAS has worked with the local authority in East Ayrshire to support the development of local provision for a small number of children and young people with autism and challenging behaviour. The outcome has been partnership working to provide a satellite residential children’s home and school for these pupils. The school is a satellite for Daldorch House School and Continuing Education Centre, which is an hour’s drive away. The local authority has provided the building, and the NAS has trained the staff and advised the local authority. The 52-week children’s home with education for three young people with autism and very challenging behaviour enables them to have local provision. They live near their families and can be supported into local authority provision post-19.

Although the costs are no different from other high-support residential education provision, the service provides increased opportunities to transition into community-based provision in adulthood. It therefore offers better outcomes and value for money. Other authorities, including Bristol, are also exploring the potential to work in partnership with the third sector to prevent out-of-area placements.

**Recommendation**

The public sector should develop partnerships that enable specialist public services to make better use of the expertise offered by the third sector in order to ensure the success of specialist provision.

Good practice in supporting children and young people with autism and complex needs locally

Reducing spending on out-of-authority placements of children and young people with autism by developing local services was an impetus for the original project. For a time some of the local authorities achieved a much-reduced spend on out-of-authority placements, though this has been compromised by some of the cuts to services locally recently. The ten authorities try and work together on a number of issues; they have been most successful in developing shared training materials and even some shared training delivery. The project also facilitates sharing of good practice across a number of areas via an annual convention for all the development groups.

The consortium provides information to parents, people with ASDs and professionals, and directs people to the relevant statutory services and voluntary agencies in their area. Enquiries can be made by telephone, email or letter. An individual response is provided to each enquiry.

Each local authority pays a small subscription towards developing the Family Services Development Project, which is spread across an area with a population of 2.3 million people. As non-statutory services are being cut, the rate of calls to the consortium is increasing. Feedback for the Family Services Development Project has been very positive.

**Recommendation**

Local authorities in the south west should consider forming an autism consortium similar to that in Greater Manchester, which achieves economies of scale through sub-regional strategic planning.
Good practice in supporting children and young people with autism and complex needs locally

Person-centred planning

Person-centred planning and approaches offer powerful ways of listening to young people, empowering them to plan their own futures, and supporting them to achieve their aspirations.

Personalisation through Person-Centred Planning (DOH 2010c)

**Good practice in person centred planning:**

_Ellen Tinkham School, Exeter_

A DOH report in 2010 summarised the benefits of person-centred planning:

Person-centred planning and approaches offer powerful ways of listening to young people and enabling them to plan their futures. Person-centred planning is rooted in inclusion and equal rights and can be used to enable disabled young people to have the same life chances as their non-disabled peers.

Good person-centred transition planning provides young people and their families with information about how they can be supported to move into adulthood and to do the things they want. When used in conjunction with personal budgets and the right support in key areas such as employment, it enables people to have equal life chances and full lives.

Personalisation through Person-Centred Planning (DOH 2010c)

The Ellen Tinkham School uses person-centred reviews for every child in the school. The reviews are one page profiles with a summary of what works for the child, their views, a communication chart and communication plans. These plans are reviewed as the child moves up the school, and they inform the work of teachers, teaching assistants and other professionals in the school, including external agencies.

Transitions

Person-centred transition planning forms part of the transition review from Year 9 as part of the annual review planning cycle. The school works very closely with staff in Adult Services, who look at the person-centred planning reviews closely when brokering specialist services. From post-16, the further education coordinator at the school works closely with Adult Services. This was piloted in 2009/10 and resulted in very good transition relationships and better communication as a result. Positive feedback from pupils who return to the school shows the effectiveness of this approach.

Contact: Jill Allen, Children’s Services Coordinator, Ellen Tinkham School

**Recommendation**

Local authorities should promote more use of person-centred planning to put the young person and their families at the centre of the planning process and support young people to achieve their aspirations.

Through school, children with autism and their families will usually have access to support that helps them achieve and be included. It also provides a focal point of activity in the day. Therefore one way of improving access to services for adults with autism is by focusing on managing the transition to adulthood so that young people have access to the services they need from the start of their adult life.

Fulfilling and Rewarding Lives (DOH 2010a)

**Good practice in providing transitions:**

_Nottinghamshire Adults with Asperger’s Team_

Nottinghamshire established a county Asperger’s Team in 2009, primarily as a commissioning team delivering care management to individuals. The team is unique because, although it aspires to being multi-disciplinary, it is the only social care-led Asperger’s team in England.

Although focused on adults, the team works closely with Connexions or Children’s Services. It can put together commissioned plans and assist them as brokers with the personal budgets. The team can also advise and support with accommodation, employment and college placements, offer support with social and leisure activities, and work alongside individuals.

The team is dedicated in every way to target young people who would otherwise not have had a service. Since beginning in 2009, the team has had over 200 referrals, and works regularly with 150 young people. It has launched an online directory of services for adults with Asperger’s Syndrome in Nottinghamshire.

Contact: Christopher Mitchell, Nottinghamshire Adults with Asperger’s Team

**Recommendation**

Local authorities should consider developing an adult and transition autism service so young people with autism can access appropriate support to live effectively in community settings, have their needs anticipated and lead more fulfilling lives.
Those councils that spend less on out-of-authority placements have developed in-house provision for secondary ASD pupils with challenging behaviour. This provision was most effective in preventing out-of-authority placements when it included additional provision such as outreach or respite and was supported by other agencies including CAMHS [Audit Commission 2007]. Aiming Higher for Disabled Children (DfES 2007) states:

Extended schools guidance, which makes it clear that children with special educational needs or disabilities must be able to access all services. There is much good practice in providing responsive services, for example extended schools guidance explains how special schools in particular often act as a hub for delivery of health, social care and respite services for children and parents.

Policy Exchange recommends extending the role of special schools to become local centres of excellence.

**Good practice in developing a comprehensive integrated provision: Fosse Way School, Bath**

Fosse Way School, Norton Radstock, near Bath, is a generic special school for children and young people aged 3–19. The school has a roll of 160. The school has the following characteristics:

- **An autism specialism**: Pupils with an ASD comprise two thirds of the school population.
- **A resource base attached to a mainstream school**: The school has a resource base in a local mainstream school, which young people attend while on the roll of Fosse Way School. This year a student has been accepted at Oxford University for the first time.
- **Project Search**: The school has a sixth form, and was part of a pilot of four local authorities for Project Search, which offers work training in a local hospital. This helps young people secure permanent jobs. From a cohort of ten pupils, six have secured employment, two are in job development, and two have gone into further education.

- **Extended activities**: The school provides a range of extended services for the community, including a range of after school clubs, holiday play schemes, community information and computer technology classes, and support groups for parents of children with an ASD within the local authority. The school has access to CAMHS, which support individual children and staff training in the management of specific children and young people. Integrating provision in this way ensures timely access to appropriate and specialist support.
- **Residential provision**: The school offers residential provision for 12 pupils. In order to ensure consistency and uniformity, residential staff work as teaching assistants in the school during the day for part of the week.
- **Outreach and training**: The school provides the ASD outreach and training service for the local authority and maintains a database of pupils with an ASD via a service-level agreement. The school provides a multi-tiered training framework including access to specialist courses such as Treatment and Education of Autistic and Communication Related Handicapped Children (TEACCH) and Masters’ degree training. The school and service works with the ASD Strategy Group to inform future planning.
- **Commissioning of supported living**: Through liaison with the local authority Fosse Way identified a cohort of young people at risk of being placed out of the authority on transition to adulthood. The school worked with parents, the local authority and the NAS to commission a supported living scheme of several cluster flats for young people with autism.
- **Partnership with other organisations**: Fosse Way is a foundation school and part of a trust with other partners including Bristol University and the NAS. Fosse Way is applying for a change of status to become a special school academy.
- **A sub-regional catchment area**: The school does not have a natural catchment area, and the pupil population includes some children and young people from four neighbouring local authorities.

- **Integration of provision**: Children and young people with an ASD in Bath have the opportunity to access the right level of support for their education, whether they are in mainstream, via training and outreach from the special school, or within the resource base, via staff from the special school. Children and young people placed at the special school are able to access CAMHS, residential provision, specialist support for work-related skills and future employment. The local community can also access learning opportunities, and families with children with an ASD are supported through a range of activities.

**Contact**: David Gregory, Head Teacher, Fosse Way School

**Recommendation**

Local authorities should consider developing a comprehensive integrated autism service, which includes education options through special schools and a resource base attached to a mainstream school, social care options through extended activities, short breaks and residential provision, effective input from health, and outreach and training. Such provision significantly reduces reliance on INMSS placements.
Many young people are placed in an INMSS as a result of a crisis situation, and then found an INMSS that is available rather than local. High-cost placements often lack clear outcomes.

There is a need for more intelligent commissioning with clear outcomes set with target dates for achieving those outcomes. In addition provision could be commissioned for a fixed term, for example a three-year placement, during which time there are set objectives and the smooth transition to more local community-based service within three years is facilitated.

To provide good value for money, commissioners need to consider the downstream costs of preventing need for tier 4 services in adulthood. It is essential that Children’s Services don’t just focus on their own budget when looking for ways to save or at value for money.

In its report Special Educational Needs (2011), Policy Exchange found that joint accountability for the outcomes of children and young people was better for providers where there had been direct commissioning of services based on clear service-level agreements across health, education and social care and other partners.

Policy Exchange recommends the introduction of a formal regional tier of organisation, which could plan and commission for very low-incidence needs. This regional body should nominate and fund regional centres of expertise to support local provision and the commissioning of low-incidence needs. Regional centres of expertise could be specialist schools developed in partnership with the third sector in order to use their expertise and commitment to the benefit of specific groups of children.

**Good practice in commissioning outcomes:**

**Waltham Forest and the SENAD Group**

Waltham Forest Council and the SENAD Group are aware of the long-term benefit of basing commissioning decisions on the potential for positive outcomes for each young person and have found that adopting such an attitude is both cost-efficient and positive for children’s development.

In order for commissioners to choose the best provider to aid a young person’s progress, a thorough assessment of need is imperative. SENAD works strategically to identify young people’s behaviour ‘pressure points’, through a functional behaviour assessment helping to improve outcomes and aid progress for each young person’s future development. In It Together (Children’s Service Development Group and Local Government Association 2009) describes a range of case studies where local authorities have worked together with providers to ensure children’s and young people’s outcomes are part of the commissioning process.

Making placement decisions based on predicted delivery of outcomes is an effective way of creating significant financial benefits. Indeed, in the case of a child with complex needs, who can often become aggressive, placements that can manage this kind of behaviour can generate significant savings as increased independence and less intensive staff support allow for financial savings. When placements are made on the basis of outcomes, young people are ultimately helped towards greater levels of independence and can enjoy a higher quality of life.

Waltham Forest’s commitment to ensuring the best possible outcomes for young people has provided one young person with a positive experience and he is planning a transition to a supported living placement close to his mother, where he will live with another adult and have a support worker. This is a step that would have been unthinkable were it not for a commitment to identifying this person’s needs and working towards outcomes that would reflect significant progress for this young person.

**Recommendation**

Local authorities should agree clear outcomes with providers when commissioning places for young people with autism and complex needs. This makes it easier for local authorities to demonstrate value for money and for INMSSs to demonstrate outcomes.

There is a high reliance on placing young people with autism and complex needs in INMSSs often a long way from their homes in the south west, which account for 26% of INMSS places. There is a growing need to develop more appropriate local provision for young people with autism and complex needs that is driven by better outcomes for the individual as a result of sustaining relationships with their family and local community.

The business case suggests that the cost of supporting a young person with autism and complex needs requiring high levels of support remains high even where specialist local provision has been developed. However, by developing specialist local provision it is possible to reduce the frequency with which young people require such specialist support and its duration, resulting in significant longer-term cost savings. For example developing specialist local provision would provide a hub of expertise, enabling better training and outreach support to prevent placement breakdown in the first place. In addition, by maintaining good links within the local community it is easier to move people on to less specialist provision in a timelier manner than might be achieved when the placement is a long way from the family home.

Preventing placement breakdowns within the locality is key to ensuring that the placement is sustained, so it is important to ensure that families with children with autism and complex needs are supported through short breaks and targeted support programmes.

Good strategic planning, which takes account of data and trends, is essential. Authorities that have planned a continuum of provision that includes provision for young people with autism and complex needs have reduced reliance on INMSS placements.

Sub-regional working provides opportunities to share intelligence and costs in developing local provision and economies of scale. Some local authorities have struggled to develop more appropriate local provision as they lack the expertise to support those with the most complex needs. Partnership working between public and third sector can provide an effective solution to ensure success in developing highly specialist provision.

Specialist provision needs to have a multi-agency approach with input from health and residential care facilities if it is to prevent INMSS placements.

The green paper for SEN, Support and Aspiration (DfE 2011), still in consultation at the time of writing, also envisages a higher level of coordinated provision between health, education and social care, and a greater voice for parents.

Local authorities that have developed a comprehensive integrated autism service, which includes education options through special schools and a resource base attached to a mainstream school, social care options through extended activities, short breaks and residential provision, effective input from health, and outreach and training, often have reduced reliance on specialist placements including INMSSs.

Improving opportunities for children and young people with autism and complex needs to have their needs met locally through well coordinated local services will result in better outcomes and value for money.
Summary of government initiatives and policy drivers

Special Educational Needs (Policy Exchange 2010)
Specialist schools are regional centres of expertise and school cooperation. An Ofsted review (2010) found that no one model – such as special schools, full inclusion in mainstream settings, or specialist units co-located with mainstream settings – worked better than any other. The effective practice seen during the review encompassed a wide range of models of provision, often with significant flexibility in the way in which services were provided within any one local area. However, some providers visited during the review did not have a clear picture of the range of support available in their locality. The pattern of local services had often developed in an ad hoc way, based on what had been done in the past rather than from a strategic overview of what was needed locally.

This Policy Exchange report suggests this situation could be improved by introducing:

• a formal regional tier of organisation, which could commission for very low incidence needs, monitor local provision and develop and spread expertise
• contestability at a local level to determine who should run high-cost commissioning; a flexible range of provision should be created and maintained.

Links between the third sector and schools
Schools should be given advice and guidance on how they can develop partnerships with charities in order to boost their income. Regional partnerships could also consider the possibility of establishing third sector partnerships on a larger scale. This may involve a charity or a number of charities contributing to the overall pot for high-cost pupils at a regional or local level. The amount given to schools for each pupil could increase in proportion to the additional funding raised. There are numerous ways in which third sector money can be raised, in addition to using their expertise and commitment. Each area, school and region will do this differently. Nonetheless, regional partnerships, as part of their general approach to ensuring there is an adequate supply of good quality provision in local areas, should monitor progress made by schools and local bodies in attracting and using third sector funding and support.

Effectiveness of joint commissioning
In the providers where there had been direct commissioning of services based on clear service-level agreements across health, education and social care and other partners, joint accountability for the outcomes of the children and young people was better. Schools should not be the only organisations held to account legally for the outcomes of children and young people with SEN and disabilities. All the services involved in any common assessment should be bound equally by its terms.

The report recommends:

• The government should fund local bodies to commission specialist provision with a grant designed to cover the costs of providing for high-cost pupils.
• The government should introduce a formal regional tier of commissioning to address the problem of very low incidence commissioning.
• This regional body should nominate and fund regional centres of expertise, which could be funded through a number of means: a top slice of local budgets; a voluntarily agreed top slice of the per pupil amount for children with certain impairments; matched funding on the model of specialist schools.
• Regional bodies should consider the possibility of establishing third sector partnerships on a wider scale to supplement regional funding and draw on expertise.

Out of Authority Placements for Special Educational Needs (Audit Commission 2007)
This report makes the following recommendations:

• The needs of many children and young people with complex needs, particularly those with autism, are not currently being met by their local schools.
• Better strategic planning, budget planning and commissioning are required for children and young people with complex needs.
• Strategic planning for children with complex needs is poor and opportunities to provide more integrated and cost-effective services through joint working between education, social care and health services are not being maximised.
• A lack of integrated local programmes of support for children and families, such as therapies and mental health support, has led to demand for out-of-authority provision in many areas.
• Out-of-authority providers have given insufficient detail about expected outcomes.
• Those councils that spend less on out-of-authority placements have developed in-house provision for secondary ASD pupils with challenging behaviour. This provision was most effective in preventing out-of-authority placements when it included additional provision such as outreach or respite, and was supported by other agencies including CAMHS.
• Where strategic planning is less strong, there has been a lack of strategic action, which has resulted in higher levels of placements in out-of-authority schools.
• Councils aim to develop their in-house provision for complex needs to reduce their out-of-authority expenditure, but funding and expertise are not always resourced appropriately, and therefore this provision is not always effective.
• Regional collaboration is currently more focused on information sharing than procurement of shared provision.

National Audit of Support, Services and Provision for Children with Low Incidence Needs (DfES 2006)
This report makes the following recommendations:

• CAMHS, speech and language therapy and short breaks need to be more accessible locally for children and young people with severe and complex needs.
• Sub-regional multi-agency centres of expertise should be developed to provide for those with the most severe and complex needs and as a hub for training and outreach support. This would result in an economy of scale where resources are used more efficiently and effectively.

Aiming Higher for Disabled Children (DfES 2007)
This is the transformation programme for disabled children’s services. The government wants disabled children to be a priority, nationally and locally:

• ‘All families with disabled children should have the support they need to live ordinary family lives.’
• ‘Families with children with an ASD and/or challenging behaviour should no longer be disadvantaged in accessing short breaks.’

Fulfilling and Rewarding Lives (DOH 2010a)
This strategy has five themes. It advocates:

• Increasing awareness and understanding of autism among frontline professionals, including giving specialist training to staff in health and social care to ensure professionals respond appropriately to the needs of adults with autism.
• Developing clear consistent pathways for diagnosis in each area, followed by the offer of a personalised needs assessment, and the benefits of local commissioning of specialist autism teams in order to build capacity for diagnosis and provide support and training to mainstream services.
• Improving access for adults with autism to the services and support they need to live independently within the community, including ensuring adults with autism can have a range of suitable support services to choose from and can readily access appropriate support to make choices about their care.

36 Good practice in supporting children and young people with autism and complex needs locally
37 Good practice in supporting children and young people with autism and complex needs locally
Summary of government initiatives and policy drivers

- helping adults with autism into work
- enabling local partners to plan and develop appropriate services for adults with autism to meet identified needs and priorities; the responsible local commissioner should consider developing an autism partnership board (or appropriate planning forum) that brings together different agencies and stakeholders to identify priorities.

Support and Aspiration (DfE 2011)
This Green Paper recommends there should be more state-funded schools free of local authority control (academies and free schools). It focuses on:

- identification and assessment
- giving parents control
- learning and achieving
- preparing for adulthood
- services working together for families.

It recommends that statements should be replaced with education, health and care plans by 2014, including:

- single assessments (possibly combined with assessment for Disability Living Allowance and stronger entitlement to these services), up to age 25
- the right to express preferences for any state-funded school through an extended health care plan (eg special school, academy, free school – not independent!)
- an increase in short-break funding and legal entitlement to personalised budgets with the plan from 2014.

The Green Paper also recommends:

- There should be a quality mark for schools with excellent and innovative SEN support.
- Special schools should share expertise with local mainstream schools.

Planning and Developing Special Education Provision (DCSF 2007b)
This report makes the following recommendations:

- Local authorities should be encouraged to develop a range of provision to meet the range of children’s SEN. This may include provision in mainstream or special schools, specialist resourced provision within a school, a specialist unit attached to or co-located with a school, or mainstream early years and childcare settings, or through federations, collaborations and partnerships.

- The key features of any form of SEN provision should be its flexibility and capacity to meet the individual needs of children through giving them access to appropriate specialist support and advice, however provided, and its effectiveness in improving progress and raising achievements.

- Local authorities may develop SEN provision themselves or commission from other statutory, private and voluntary providers, including independent and non-maintained special schools and specialist support and outreach services.

- It is not necessary for all types of provision to be located within a local authority area, but a local authority should know where to access appropriate provision that is required for an individual child with SEN where that is not provided locally.

- Ofsted should consult on new school inspection arrangements, including SEN.
- Vocational and work-related learning opportunities for 14–25s should improve.
- Ways of aligning pre- and post-16 funding to improve consistency of support should be explored.
- There should be recognition that those with complex (low incidence) needs require specialist support. There should be targeted funding to the voluntary and community sector – especially around specific needs (recognition that autism increased by 60% between 2005 and 2010).

Impact in changes in provision for learners with LDD (Dewson and Tackey 2010)
This report made the following observations:

- Nearly one in five (19%) providers have reduced their provision for adult learners with learning difficulties and/or disabilities.
- Providers who have taken steps to reduce their provision claim their actions are driven by reduced funding, and cannot then ensure that alternative arrangements for learners affected are in place.

- The patterns of provision in each local authority area should be informed by local needs and circumstances, careful consultation and a widely shared local understanding of the role of specialist provision in meeting children’s SEN and providing access to education for disabled pupils.
- The analysis of local needs should lead to integrated commissioning arrangements for services, through the mechanism of local children’s trust or other arrangements, and these arrangements should always link to local primary care trusts for health provision and services and, where appropriate, to local providers within the private and voluntary sectors.
- Local authorities can also work together in regional or sub-regional groups to plan and commission services and provision. Local partners should consider putting in place pooled budgets, using flexibilities granted under Section 31 of the Health Act (1999) or Section 10 of the Children Act (2004), to underpin the delivery of specialist support for individual children.

This plan specifies that each local area should develop a multi-agency coordinating group that oversees the development of local ASD services.

Autistic Spectrum Disorders (DfES 2002)
This report recommends that each local education authority should have a clear policy on ASD that takes account of demand.

Valuing People Now (DOH 2009)
This report:

- aims to include everyone and recommends that commissioners need to address needs of four priority groups including people with autism
- recognises that people with autism need support from staff with understanding and experience of working with them.

Special Educational Needs and Disability (DCSF 2010)
The report suggested that good practice in these areas appeared to be influenced by strong multi-agency and integrated approaches to working, particularly good communication and sharing information between agencies.
Good practice in supporting children and young people with autism and complex needs locally

Summary of government initiatives and policy drivers

AET research (2008) recommends
This research makes the following recommendations:
• There should be better knowledge and understanding of autism.
• Local authorities should explore options to reduce reliance on out-of-authority placements away from the local community.
• Local authorities and primary care trusts should identify long-term outcomes for children and young people with autism being placed out of the local authority’s care.
• Local authorities should analyse data on exclusions for children and young people with SEN and specifically autism.
• There should be a range of further education provision suitable for learners with autism.
• Good information, training and support should be available to parents of children and young people with autism.

Make School Make Sense (NAS 2006)
This report found:
• there is a shortfall of autism-specialist maintained special schools
• around 20% of children with autism experience exclusion
• some 87% of children with autism experience bullying weekly.

It recommended that all local authorities develop a diverse range of autism provision.

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