

ABERDEEN CITY COUNCIL

COMMITTEE	Operational Delivery Committee
DATE	31 August 2022
EXEMPT	No
CONFIDENTIAL	No
REPORT TITLE	Aberdeen City Autism Strategy Update Report
REPORT NUMBER	ACHSCP/22/162
DIRECTOR	Rob Polkinghorne, Chief Operating Officer
CHIEF OFFICER	Graeme Simpson, Chief Officer Children's and Family Services
REPORT AUTHOR	Jenny Rae, Programme Manager, Aberdeen City Health and Social Care Partnership
TERMS OF REFERENCE	1.1.5

1. PURPOSE OF REPORT

- 1.1 To provide an update to the Operational Delivery Committee on the implementation of the Aberdeen City Autism Strategy and Action Plan 2019-22. The report also details the intended work that will inform future strategic direction and documentation.

2. RECOMMENDATION(S)

That the Committee:-

- 2.1 Note the report and the information on progress against the action plan as presented in Appendix A.
- 2.2 Note the intended work that will inform the future strategic direction and documentation

3. CURRENT SITUATION

- 3.1 The Aberdeen City Autism Strategy and Action Plan 2019-22 (Appendix A) was approved by the Integration Joint Board (JB) on 11 December 2018 and by Operational Delivery Committee in January 2019 and commenced implementation from April 2019.

Aberdeen City Health and Social Care Partnership (ACHSCP)

- 3.2 The Adult Autism Assessment Team have developed a sustainable pathway for adults seeking an autism assessment in Aberdeen City and Aberdeenshire HSCP areas. In May 2022 this pathway was opened to Moray HSCP area, with additional staffing resource provided.

- 3.3 A self-referral and triage model is in place for referrals which reduces the need for individuals to seek referrals via services such as Primary Care. Post-diagnostic support has been developed via Third Sector partners, which includes both groups and information provision.
- 3.4 Data collated demonstrates there have been 786 referrals (mostly self-referral followed by Community Mental Health Teams and GPs).
- 62% are female
 - 45 % Aberdeen City; 45% Aberdeenshire; 6% Moray; 4% missing data
 - Diagnostic rate of 85%
 - Averaged wait from referral to first assessment is between 210 and 412 days
 - Average length of assessment is 3 appointments
- 3.5 Focus for the service is on implementation of the pathway and assessment process. The team is developing approaches to provide Continuing Professional Development to other teams as well as efficiencies which will improve the waiting times, which are not satisfactory at present.
- 3.6 Further information on the service and a poster accepted to the NHS Scotland Conference in June 2022 are detailed in Appendix B and Appendix C

Children's and Family Services

- 3.7 The professional learning framework developed in 2021: Informed, Skilled, Enhanced, Expert, has now been further developed to ensure equity of accessibility through an online professional learning offer to complement our Career Long Professional Learning (CLPL). This includes a mandatory Key Skills level for new staff supporting learners which can be accessed prior to commencing employment. In 2019/20 55 members of staff participated in live professional learning focus on autism. This rose to 103 in 2020/21.
- 3.9 Our 2021/22 professional learning offer focus on autism was delivered in partnership with Autism Understanding Scotland, an autistic led charity, funded under the Scottish Government Understanding Autism program. 654 members of staff participated in this, including: staff from all secondaries and specialist services, 46 primary schools, teachers, Pupil Support Assistants, Early Learning and Childcare (ELC), wellbeing workers, social workers, creative learning and Educational Psychologists. Evaluations have been positive, for example the professional learning on preparing the environment for autistic learners saw 75% advising a very good contribution to their knowledge and understanding with 20% advising excellent. Our offer for 2022/23 will build on this, revisiting popular topics and including requests with a specific focus.
- 3.10 In June 2022, professional learning on consideration of environments for autistic learners was attended by staff from 34 primary schools and 7 academies as well as our Additional Support Needs (ASN) Outreach and specialist settings.

- 3.11 Colleagues from Autism Outreach Service and Speech & Language Therapy worked together to develop a pilot training package for the Early Years Team. Three Nurseries were selected for the pilot. The resource was very well received by staff in the pilot nurseries. Evaluations found that for implementation to be successful, time and resources need to be designated for the use of CIRCLE and the school's Senior Leadership Team need to be fully involved and supportive of implementation.
- 3.12 A whole school pilot was undertaken at Heathryburn School May 2021 - present. Initial data shows a no apparent impact on attendance. However, exclusions have reduced from 14 in 2020 to 3 this year. Staff comments include: "the tool is easy to use", "the framework is pupil focused", "a good tool to help me reflect on my classroom set up", "ensures consistency across the school".
- 3.13 Following the successfully piloting of the CIRCLE framework, plans are in place to roll the framework in collaboration with Allied Health Professionals more extensively over the school session 2022/23. A comprehensive training package has been developed with central officers engaging over the summer holiday period to ensure that expectations are transferred into the education Quality Improvement Framework. This will ensure that regular environmental checks are undertaken by central officers during school quality assurance visits.
- 3.14 ABZ Campus is currently being developed. The programme will see a wider range of learning pathways being made available to meet the needs of young people in the senior phase from June 2023. Distinct workstreams for pupils with additional support needs and the care experienced are in place to ensure that all groups are considered in this potentially transformational programme of work being driven by our secondary schools. The programme will realise closer working with Further and Higher Education and provides an opportunity to ensure that account is taken of the needs of those who are neurodiverse.
- 3.15 All newly constructed schools in Aberdeen City are designed to be fully physically accessible. Accessibility however is not limited to improving environments for those with a physical disability, and there is a need to assess and take action where necessary to improve accessibility for those with other disabilities, such as sensory impairments, and autism.
- 3.16 The findings from the school suitability surveys are used to identify general longer-term requirements and opportunities for improving the physical environment of schools and improving access to education for pupils with a disability. Where individual pupils with specific needs require adjustments to be made in a school in the short term, staff within the school are able to highlight these requirements to the School Estate Team, so that the necessary adjustments can be arranged.
- 3.17 A commitment made within the Schools Accessibility Plan is to involve disabled children, parents, specialists and services in the development of the school estate. Detailed engagement and consultation with all stakeholders, including those mentioned specifically in the accessibility plan, will be a key part of the options appraisal process, as individual decisions on the options for schools

within local communities are considered. In this way stakeholders will be fully engaged with as the School Estate Plan is continually developed and implemented.

- 3.18 The request for assistance process now uses individual Child's Plans to enable consideration of supports and advice for schools and learners. Feedback on the use of Child's Plans is given to schools and Quality Improvement Officers to ensure a consistency of effective assessment and intervention.
- 3.19 In 2019/20, 2631 learners had an Individual Education Plan (IEP), in 2021/22, 2672 learners have an IEP (2% increase) and we have seen an increase of 9% in the number of Child's Plans and a 25% increase in Coordinated Support Plans (CSP). This suggests that plans require to be multi-agency in nature and is in keeping with other sources of data.
- 3.20 Further training on the use of Individual Education Plans (IEPs), Child's Plans and Person-Centred Risk Assessment has been developed which is accessible to all school staff. This includes specific training for leaders on quality assurance.

Neurodevelopmental Work for Children

- 3.21 There are three tests of change aligned to the implementation of the national neurodevelopmental specification for children and young people. Areas of focus are:
1. To co-produce (with children and families) a web space that will provide accessible information for children and their families, and also a distinct section for professionals. Progress - Initial scoping is underway to help us understand the extent of need. This is already telling us that families are feeling 'risk managed' rather than supported to engage with early support. Professionals are telling us that there are mixed levels of awareness of resources and support options, and variable confidence in making early referral
 2. To simplify the onward referral process when the initial referral does not meet service criteria (CAMHS or Community Child Health). Progress - In a recent survey, 62% of participating parents/carers told us that they didn't feel their concerns had been listened to. Further granularity will be achieved through the mapping of journeys activity, which will be an initial priority for the project officer once appointed. Through using the National Autism Implementation Team (NAIT) framework as the standard, colleagues are 'bought-in' to adopting the concept that 'if the parent/carer says there is a problem, then there is a problem'
 3. To inform a model of care for children who require neurodevelopmental support as a result of trauma. Progress - Exemplar UK based service models have been identified and the next stage will be to engage directly with those services to understand more.
- 3.22 A strategy map, action plan, and KPI's have been developed in order to direct and monitor our journey toward improvement and we have a clear

understanding of our present position having mapped current provision against the NAIT Framework. An identified challenge is the lack of capacity within our existing workforce, therefore the initial priority has been to develop job profiles and progress to the recruitment of the posts in order to have a dedicated workforce around this work

Strategic Direction

- 3.23 The Scottish Government have commenced work on a Neurodiversity Bill (which will incorporate Autism) and are planning pre-consultation engagement with stakeholders prior to policy options and further public consultation taking place. It is anticipated the outcome of this will be known from early 2023.
- 3.24 The current Autism Strategy and Action plan runs until this year (2022). At this time, we are unclear on the timeframes and outcomes of the Neurodiversity Bill and will be required to await its publication and recommendations for local areas prior to any review of the current strategy. In Autumn 2022 we will bring key partners together to consider development of a delivery plan, with the intention that identified key partners become responsible for any reporting requirements relevant to their area of responsibility or operational remit. It is anticipated that further reporting to Integration Joint Board and/or Committee will take place between April - July 2023, providing time to respond to any recommendations for local areas in a meaningful and assured way, acknowledging the undefined timeline in the national process. Updates on these timelines will be provided as they are clarified and accelerated where possible.

4. FINANCIAL IMPLICATIONS

- 4.1 The action plan associated with the Autism Strategy identifies where and how resources are to be aligned. Funding has been allocated and received from Scottish Government for the development of an autism assessment and diagnostic pathway for adults. All other actions are being undertaken within current budget availability.
- 4.2 Monies have been received linked to the National Neurodevelopmental Specification for Children and Young People. It is envisaged the creation of the National Neurodiversity Bill will lead to similar work and funding for adults.

5. LEGAL IMPLICATIONS

- 5.1 There are no direct legal implications arising from the recommendations of this report.

6. ENVIRONMENTAL IMPLICATIONS

- 6.1 There are no direct environmental implications arising from the recommendations of this report.

7. RISK

7.1 The assessment of risk contained within the table below is considered to be consistent with the Council's Risk Appetite Statement.

Category	Risks	Primary Controls/Control Actions to achieve Target Risk Level	*Target Risk Level (L, M or H) <small>*taking into account controls/control actions</small>	*Does Target Risk Level Match Appetite Set?
Strategic Risk	Covid-19 Response may delay implementation of strategy/actions.	Priorities have identified through service reviews and seek to address the core issues identified by the public during co-production of the strategy/action plan. This will be continually reviewed.	L	Yes
Compliance	No significant risks identified			Yes
Operational	Capacity of staff to deliver on strategic outcomes and operational delivery requirements	Prioritisation of actions and activity mitigates the risk and will be review continually.	L	Yes
Financial	No significant risks identified			Yes
Reputational	Failure to implement the strategy and action plan has the potential likelihood to end in complaints and challenge, with a risk of reputational damage.	A process of scrutiny is already in place through operational management groups and through committee reporting. Engagement with communities through existing channels will further mitigate this risk.	L	Yes
Environment / Climate	No significant risks identified			Yes

8. OUTCOMES

COUNCIL DELIVERY PLAN

	Impact of Report
Aberdeen City Council Policy Statement	The delivery of the Autism Strategy and Action Plan detailed within this report support the delivery of Policy Statement 1 People - Completion of school estate review (P1) and development of estate strategy for next 5-10 years (P2)
<u>Aberdeen City Local Outcome Improvement Plan</u>	
Prosperous Economy Stretch Outcomes	The proposals in this report have no impact on the Council Delivery Plan.
Prosperous People Stretch Outcomes	<p>The proposals within this report support the delivery of all Children & Young People Stretch Outcomes 4 and 5 in the LOIP. The needs of autistic children are represented within these outcomes and should be considered in the delivery of relevant improvement projects.</p> <p>This report supports the delivery of LOIP Stretch Outcome 11 – Healthy life expectancy is five years longer by 2026. The report details the development of an Adult Autism Assessment service which supports the delivery of holistic health and care services and increased good outcomes for the population.</p>
Prosperous Place Stretch Outcomes	The proposals in this report have no impact on the Council Delivery Plan.
Regional and City Strategies	The information in this report has alignment to the Children’s Services Plan, the Aberdeen City HSCP Strategic Plan, and national Autism Strategy and developments in relation to Neurodiversity Bill and Specification(s).

9. IMPACT ASSESSMENTS

Assessment	Outcome
Integrated Impact Assessment	A Full Equality and Human Rights Impact Assessment was completed (2019) which found the impact to be positive.
Data Protection Impact Assessment	Not required
Other	Not applicable

10. BACKGROUND PAPERS

- 10.1 [Aberdeen City Autism Strategy Update Report, 27 May 2021, Operational Delivery Committee](#)

11. APPENDICES

- 11.1 Appendix A - Aberdeen City Autism Strategy and Action Plan 2019-22
- 11.2 Appendix B – Adult Autism Assessment Team Information
- 11.3 Appendix C – Adult Autism Assessment Team NHS Scotland Poster

12. REPORT AUTHOR CONTACT DETAILS

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