



# Complete Agenda

**Democratic Services**  
Council Offices  
CAERNARFON  
Gwynedd  
LL55 1SH

## Meeting

### **CARE SCRUTINY COMMITTEE**

## Date and Time

**10.30 am, THURSDAY, 13TH SEPTEMBER, 2018**

**NOTE: A BRIEFING SESSION WILL BE HELD FOR MEMBERS ONLY AT 10.00AM**

## Location

**Siambr Hywel Dda, Council Offices, Caernarfon, Gwynedd, LL55 1SH**

### **\* NOTE**

**This meeting will be webcast**

**<http://www.gwynedd.public-i.tv/core/portal/home>**

## Contact Point

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(DISTRIBUTED 05/09/18)

## **CARE SCRUTINY COMMITTEE**

### **MEMBERSHIP (18)**

#### **Plaid Cymru (10)**

##### **Councillors**

Alan Jones Evans  
Dafydd Owen  
Annwen Daniels  
Rheinallt Puw  
[ 2 Vacant Seats ]

Elin Walker Jones  
Olaf Cai Larsen  
Linda Ann Jones  
Peter Read

#### **Independent (5)**

##### **Councillors**

Eryl Jones-Williams  
Beth Lawton  
Angela Russell

Richard Medwyn Hughes  
Dewi Wyn Roberts

#### **Llais Gwynedd (1)**

Councillor  
Anwen J. Davies

#### **Gwynedd United Independents (1)**

Councillor  
[ Vacant Seat ]

#### **Individual Member (1)**

Councillor  
Nigel Pickavance

#### **Ex-officio Members**

Chair and Vice-Chair of the Council

# **A G E N D A**

## **1. APOLOGIES**

To receive any apologies for absence.

## **2. DECLARATION OF PERSONAL INTEREST**

To receive any declarations of personal interest.

## **3. URGENT BUSINESS**

To note any items that are a matter of urgency in the view of the Chairman for consideration.

## **4. MINUTES**

4 - 6

The Chairman shall propose that the minutes of the previous meeting of this committee held on 7<sup>th</sup> June, 2018 be signed as a true record (attached).

## **5. UPDATE - LEARNING DISABILITY SERVICES**

7 - 11

**Cabinet Member – Councillor W.Gareth Roberts**

To receive a report on the above (attached).

## **6. AUTISM**

12 - 32

**Cabinet Members – Councillor W.Gareth Roberts, Dilwyn Morgan and Gareth Thomas**

To receive the following reports (attached):-

- (A) Learning Disability Services
- (B) Childrens Services
- (C) Education Service

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## CARE SCRUTINY COMMITTEE

### 07.06.18

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#### **Present:**

Councillors: Alan Jones Evans, Elin Walker Jones, Eryl Jones-Williams, Beth Lawton, Dafydd Owen, Dewi Wyn Roberts, Angela Russell and Cemlyn Williams.

**Officers:** Aled Davies (Head of Adults, Health and Well-being Department), Mannon Trappe (Senior Safeguarding Manager, Quality Assurance and Mental Health), Geraint W Jones (Customer Care Officer), Gareth James (Member Support and Scrutiny Manager) and Glynda O'Brien (Member Support Officer).

**Cabinet Member:** Councillor W. Gareth Roberts

**Apologies:** Councillors Annwen Daniels, Anwen Jane Davies, Siân Wyn Hughes, Cai Larsen, Rheinalt Puw and Peter Read.

#### **1. ELECTION OF CHAIR**

**Resolved:** To re-elect Councillor Eryl Jones-Williams as Chair of this Committee for the year 2018-19.

#### **2. ELECTION OF VICE-CHAIR**

**Resolved:** To elect Councillor Dewi Wyn Roberts as Vice-chair of this Committee for the year 2018/19.

#### **3. DECLARATION OF PERSONAL INTEREST**

Councillor Eryl Jones-Williams declared a personal interest in Item 6 - Social Services Complaints Arrangements as his wife received care and he would withdraw from the Chamber should a specific discussion regarding home care issues take place.

#### **4. URGENT ITEMS**

No urgent items were received.

#### **5. MINUTES**

The Chairman signed the minutes of the meeting of this Committee held on 30 April 2018, as a true record.

#### **6. SOCIAL SERVICES COMPLAINTS ARRANGEMENTS**

A report was submitted by the Cabinet Member for Adults, Health and Well-being outlining the administration of complaints by the Adults, Health and Well-being Department during 2017-2018, and it was noted that this Council was amongst the best in north Wales in terms of resolving and dealing with complaints.

Members were given an opportunity to scrutinise the contents of the report and they highlighted the following points:

(i) The examples of letters of thanks within the contents of the report were welcomed and they were extremely heartening, and it was asked what in the opinion of the Cabinet Member was the role of the scrutineers?

*In response, it was explained that the submission of the report to the Scrutiny Committee was a transparent procedure and that it was possible for Members to offer comments on the contents that would be submitted as part of the report to the Cabinet. The Cabinet Member for Adults, Health and Well-being was fairly confident that the Cabinet was challenging. The Head of the Adults, Health and Well-being Department added that the scrutiny role was key and there was an emphasis by national agencies to ensure that Members were aware of what is happening within the system and the type of complaints received.*

(ii) It was asked if there were any trends / patterns to the complaints received?

*In response, it was explained that if the relevant officer saw any trends, he/she would initially raise awareness of the issue with the Departmental Management Team and the Corporate Director. Quarterly reports were provided and there was a tendency for the complaints to relate to the shortage of home carers and national issues such as financial thresholds.*

*The Cabinet Member for Adults, Health and Well-being added that the number of complaints was not important, but rather what was the exact nature of the complaint and what was done to overcome any problems. An assurance was given that the Department took every complaint seriously and sought to resolve any problems promptly.*

(iii) It was asked if there was a more practical role for the Elected Members at a grass-roots level?

*In response, it was explained that it would be possible for them to report on complaints directly to the Department following surgeries in their wards, and this could be added to the arrangement. However, it had to be considered that there were specific arrangements and processes to be followed.*

(iv) It was asked how a complaint / enquiry was defined?

*In response, Members' attention was drawn to the examples in Table 2 of the report and it was noted that many contacted Assembly Members / Members of Parliament and most involved the lack of available home care. The Cabinet Member for Adults, Health and Well-being added that the Department was proactive and accepted any challenge and sought to resolve problems to the best of their ability. This was reflected in the number of complaints that had proceeded to step 2 or to the Ombudsman.*

(v) Reference was made to the log of lessons to be learnt from complaints received by the Department, and specifically it was asked why two senior officers were dealing with a complaint?

*It was explained that the reason was that the complaint in question dealt with more than one field and an assurance was given that the information would be discussed in the Management Team.*

(vi) In terms of the lessons to be learnt log, it was suggested that it would be useful to note a specific target in the column 'target date for action' rather than 'as soon as possible' and state the reason if there was any failure to act.

(vii) It was explained that it was difficult to gather statistics / data as a great deal of the complaints were presented informally and were resolved immediately by the relevant teams.

(viii) It was asked why it was proposed to have a new complaints procedure?

*In response, it was explained that this stemmed from the Welsh Government as a result of a review of the Social Services and Well-being (Wales) Act 2014, with a request for suggestions from the North Wales Complaints Officers Group together with a consultation with users to try and find out the impact of the act. It was explained that North Wales officers met regularly and their meetings were an opportunity to discuss matters together. It was added that good practice would be considered and Welsh Government officers would meet with complaint officers every six months.*

(ix) In terms of how many complaints are submitted by carers, it was explained that a fair number were received from relatives who are carers and it was acknowledged that it would be an idea in future to add a column for 'staff' enquiries / complaints'.

(x) It was noted that there was grass-roots concern regarding the process of dealing with and specifying disabled parking outside the homes of individuals and dealing with blue badges.

*In response, the Complaints Officer explained that Siop Gwynedd was responsible for processing blue badge applications. It was explained that a Panel met every 3 months to discuss disabled parking spaces in front of houses, and approximately 20 requests were dealt with in each meeting. It was further explained that an increase had been seen in the number of applications and it had to be borne in mind that only around 10 parking spaces were available to be allocated every year for the whole of Gwynedd at a cost of £4,000 each. It was confirmed that every application would be dealt with on merit in accordance with the relevant criteria and the reasons why applications were unsuccessful would be explained to the individuals in question. To this end, it was noted that restrictions such as unadopted roads, yellow lines, restricted space and road safety were matters to be considered when dealing with applications.*

*It was added, that in accordance with the procedure that it was the individual who drove the disabled vehicle who was entitled to a parking space and not members of the family.*

(xi) Concern was noted regarding the shortage of carers especially in Dwyfor and Meirionnydd, it was explained that the matter was receiving attention through the initial work on staff recruitment matters. It was explained that the situation changed from month to month with approximately 150 hours a week short in terms of internal and external provision in Meirionnydd and this was equivalent to approximately 4 / 5 full time posts. If the problem could be resolved then this would reduce the complaints. In response to an enquiry regarding employing part-time carers, the Head of the Adults, Health and Well-being Department noted that this could by all means be considered.

**Resolved: To accept, note and give thanks for the report and positive responses as noted above, and to submit these to the Cabinet Member as part of his report to the Cabinet.**

The meeting commenced at 10.30am and concluded at 12.05pm.

**CHAIR**

<b>SCRUTINY COMMITTEE</b>	<b>Care Scrutiny Committee</b>
<b>DATE OF MEETING</b>	<b>13/09/2018</b>
<b>TITLE</b>	<b>Update: Learning Disability Services</b>
<b>CABINET MEMBER</b>	<b>Gareth Roberts</b>

## **1. *Our Vision for Gwynedd***

Our vision is informed by an eclectic approach to service delivery based on our understanding of systems theory (Pincus & Minahan, 1973), empowerment, problem solving interventions, with a focus on strength based practice. More specifically, services are now shaped and developed to deliver interventions focused on progression, active support and positive behaviour support (Carr & Sidener, 2002).

Active support is focused on placing the progression of needs at the centre of all interventions, to essentially empower service users' to live fulfilled lives. Active Support is a key component of primary prevention within positive behaviour support (PBS), based on the concept that improvements in quality of life results in reductions in challenging behaviour (Allen, 2011; Allen et al; 2008, DoH, 2007; La Vigna et al 1989, Toogood et al; 2009, 2011). Active Support and PBS have shared origins, provide a way for staff to implement values in practice and are evidence based.

Gwynedd's vision for the future is focused on progression and enablement to encourage individual independence. This means that the support from our services is designed to help citizens focus on their strengths and what they can achieve safely on their own. Usually, the outcomes are improved and costs reduced due to the support mechanism of 'moving forward'. Therefore, the focus is on assisting citizens to obtain/re-obtain independent living skills.

Our aim for the service is to develop a service which provides local opportunities for all adults with a learning disability, including those with complex needs. The focus is on developing local community hubs across Gwynedd to allow the citizens we support to be part of their local communities, allowed the opportunity to develop relationships and enhance their 'everyday skills'.



## **2. CSSIW & HIW Inspection Report 2016**

During late 2015 and early 2016 the Care and Social Services Inspectorate Wales (CSSIW) and Health Inspectorate Wales (HIW) completed a national review of the quality of care and support provided by Learning Disability Services in Wales. The inspection focused in evaluating the quality, efficiency and safety of the care and support provided for adults with learning disabilities.

To summarise, the key inspection findings indicated that the modernisation of services for adults with learning disabilities has not been a corporate priority, good operational joint working arrangements with Health, a requirement to improve the leadership and strategic direction of the service, a requirement to improve and develop quality assurance arrangement across Adult Services, the requirement to have robust reviewing system to ensure that individuals receive the right support at the right time, in the right place, at the right cost. Overall, the inspection commented on the dedication of the Care managers (Social Care and Health) to develop positive relationships with people supported by services and colleagues. This was a consistent message in the inspection that the quality of the authority's learning disability services is primarily dependent on the work of the area teams.

## **3. Recommendations & update on the inspection action plan**

<b>Recommendation</b>	<b>Update</b>
<b><i>1. The local authority should give a higher priority to meeting the needs of people with learning disabilities. Leadership is needed to provide direction for improvement, professional support for staff and wide ranging engagement with stakeholders.</i></b>	Following the inspection a new Senior Manager was appointed with the overall responsibility for learning disability services in Gwynedd, including the learning disability internal provider provision. Following this appointment, significant changes were implemented, including the appointment of a new County Manager, the appointment of three new Practices Leads, two Provider and Development Manager and a Project Manager. Essentially, the service has since 2016 had a new Learning Disability Management Team. This team meets twice monthly and works to a plan based on the population needs assessment, with a revised focus on development

	<p>and modernisation project. The amalgamation of the internal provider unit for adults with a learning disability and case management team has now been completed, with all the key staff member co-located. In addition, the Active Support and PBS Team was established through ICF funding in 2017 to work for a focused period to embed practice based on Active Support and PBS principles across both our internal and external provision. Our focus now is on finalising the re-structure of our internal provision and to implement a new team from April 2018 (through grant funding) to focus on the preventative elements of our work, including information, advice and assistance.</p>
<p><b><i>2. The local authority should establish channels of communication to achieve meaningful engagement with people, families and carers - using advocacy services as needed.</i></b></p>	<p>The service established a new ethos of promoting regular person led engagement sessions in 2016. The engagement sessions held to date have focused on ‘everyday issues’, the development of our community hub in Arfon, ILF, our residential settings and day opportunities. We continue to work closely with our commissioned advocacy service. In addition, we also have two individuals from Gwynedd incorporated as part of the membership of our service transformation partnership.</p>
<p><b><i>3. Strategic planning with health colleagues is needed to develop long term aspirations and plans. A joint commissioning strategy should be developed between health and social services based on an analysis of need.</i></b></p>	<p>Firmer links with our Health colleagues have been implemented across our service provision. Regular meetings are held with our Health County lead, the Senior Manager and the County Manager. Joint team meetings are also held, with Health a core member of our Single Point of Access (SPOA) and Multi-disciplinary meetings (MDTs).</p>

	A joint strategy plan (2018-2021) has now been developed as an outcome to our population needs assessment. This work plan was co-produced as part of the work of the multi-disciplinary Transformation Group.
<b>4. <i>The local authority should develop and improve its communication with providers of services, involving them in the construction of a market position statement and in discussions about a joint commissioning strategy with health.</i></b>	Since October 2016 the service has developed a multi-disciplinary transformation group, with all providers invited to contribute and attend each meeting. In addition, individual meetings with each provider are now facilitated by the relevant Senior Manager (Learning Disabilities and Business) twice a year.
<b>5. <i>The local authority should review its arrangements for adult safeguarding ensuring that there is clarity regarding roles and responsibilities and quality assurance arrangements.</i></b>	A Safeguarding and Quality Assurance Unit for adult services was established in November 2016. This Unit has a clear work plan across Adult Services.
<b>6. <i>The local authority should review the way in which it safeguards the rights of people where their liberty is being deprived to ensure that human rights are properly supported and protected.</i></b>	The safeguarding and Quality Assurance Unit now has a DoLS co-ordinator and two DoLS assessors. The local authority has been proactive in training several staff members to be accredited assessors. The work of this Unit is also supported by a legal representative regarding its DoLS work and court proceedings.
<b>7. <i>The local authority needs to ensure appropriate performance management and professional advice is in place to support the workforce.</i></b>	This action has been achieved through the implementation of the following actions:- <ul style="list-style-type: none"> <li>• Establishing a clear learning disabilities work plan;</li> <li>• The establishment of a learning disabilities management team to provide the strategic direction to our service delivery;</li> <li>• The establishment of three new Practice Lead posts;</li> </ul>

	<ul style="list-style-type: none"> <li>• Monthly team meetings with all staff;</li> <li>• Monthly supervision for all social work team members;</li> <li>• The review of supervision, staffing and recording arrangements across our internal provider;</li> <li>• The establishment of a multi-agency SPOA;</li> <li>• The development and promotion of specialist knowledge and skills in specific areas of work among our workforce, for example, Mental Health and Forensic work. We also ensure that staff are able to access specialist training and development within their chosen specialist fields;</li> <li>• By focusing on the above we have built on the continuity of our core workforce within the Service.</li> </ul>
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#### 4. Conclusion

In conclusion, the service continues to make positive progress through the continued commitment and drive of its workforce. There continues to be a positive attitude and an ethos focused on embracing change, sharing ideas and developing services for the benefit of our citizens and wider community. Several modernisation projects are underway, with a focus on achieving positive outcomes for those adults we support, their carers and the community. We have continued to achieve our efficiency targets as our focus is on delivering 'best value' services.

# Agenda Item 6

Committee	Care Scrutiny Committee
Date	13 September 2018
Title	Autism
Cabinet Members	Councillors: Gareth Roberts, Dilwyn Morgan, Gareth Thomas

Members of the Care Scrutiny Committee have identified the field of Autism as one of the fields that they wish to receive information regarding the current Services and future plans to be developed over the next period.

The work is undertaken across a number of Services and planned and provided by 3 Council Departments. Members were keen to receive reports by the 3 Departments, and the Cabinet Members and Heads of Service obligingly provided this as requested.

Therefore, the following Reports are presented here:

- A Learning Disability Services and Appendix 1
- B Childrens Services
- C Education Service

Committee Members are requested to consider the contents, question the Cabinet Members and/or relevant Officers, and to make comments, suggestions and any recommendations.

<b>NAME OF SCRUTINY COMMITTEE</b>	<b>CARE SCRUTINY COMMITTEE</b>
<b>DATE OF MEETING</b>	<b>13/09/2018</b>
<b>TITLE OF ITEM</b>	<b>Autism: Learning Disabilities Services</b>
<b>CABINET MEMBER</b>	<b>Councillor Gareth Roberts</b>

**CONTEXT- The future vision of the Gwynedd Learning Disabilities Service will focus on stepping forward and enabling to encourage the individual's independence.**

1. This means that the support from the Service has been designed to assist citizens to focus on their strengths and on what they can safely achieve on their own. Adults with autism often receive support from Services across the Department, mainly the Disabilities Services in terms of more profound disabilities, Mental Health service when the main need are Mental Health issues. Adults Service and the Housing Service in terms of homelessness matters. It is important that these services continue to work closely together to ensure that adults with autism receive support from the correct service, is timely and corresponds to their main need.
2. We want Gwynedd to be a County where people with a learning disability, including autism, can live full lives and realise their potential. This means facing the opportunities and challenges given to them. By focusing on their well-being and enabling them by applying the principles of the Social Services and Well-being Act (2014) Wales, we can improve opportunities for people with learning disabilities in Gwynedd to live full and active lives to achieve their well-being outputs.
3. There are nearly 600 adults with learning disabilities on the Gwynedd learning disability register, and the numbers have been increasing. There are a number of reasons for this increase, namely people living longer, a higher number of children transferring into adults services, and national projections have noted that the numbers will continue to increase for a period, and then stabilise.
4. The aim of the service is to submit follow-up service models that act as a step towards further independence and promote social inclusion and integration in the local community. The support that a person receives, including adults with autism, will change as the person's needs change. As people become more involved with their communities and develop their own support networks, it is expected that the need for formal social support will reduce in some cases and the support will be adapted in response to the changing situation.
5. It has to be recognised that there will be some people who will continue to need a high level of long-term support and there is a need to develop staff skills across our provision to satisfy these needs creatively, including adults with autism.

## **FUTURE DEVELOPMENTS**

### ***Integrated Autism Service (IAS)***

6. The North Wales Integrated Autism Service was launched in June 2018. The Wales Government has committed £13 million up to 2021 to develop the Integrated Autism Service throughout Wales. This is because many autistic persons fall between the eligibility criteria for mental health services and learning disabilities and therefore they cannot get access to emotional, behavioural, low mental health or life skills support.
7. In north Wales the service is being developed across the six local authorities with the Betsi Cadwaladr Health Board. The Integrated Autism Service (IAS) will provide diagnostic services to new adults; life-long support to autistic persons (children and adults) their families and carers; support with the transition from children provision to adults and training for professionals. Gwynedd Council will work with the IAS and there will be a designated Support Worker for Gwynedd within the service.

### ***Positive Behaviour Support (PBS)***

8. Being a part of a broad range of activities is a part of a valuable social life. The basic requirements to live a full life include the following opportunities:
  - Take part in the same range of activities as everyone else
  - Be involved and share interests with other people
  - Develop relationships, skills and experience.
  -

When a person lacks ability to participate in normal activities independently, they will need support to participate. Therefore, to achieve this the principles of positive behaviour support (PBS) are applied and Active Support.

We have developed a short term multi-disciplinary 'Active Support' team to work across the county with all providers. Direct support staff have been trained in Active Support and PBS via a training package separated into three stages, which are (a) workshop – where we understand the theory of the subject (b) role play where staff have an opportunity to practice through doing (c) Interactive training where staff learn through live situations in their workplace, this stage is accompanied with mentoring and coaching from the trainers within the multi-disciplinary team (See Appendix 1: Example of the contents of workshop training).

### ***Case One***

Mr A is on a two to one basis and has high end escalated behaviour. Prior to the Active support plan he spent his time in the house or on ad hoc, unstructured day trips. But now, he has developed 20 tasks, which he carries out and he is also about to start a new job helping at the foodbank.

***Having work opportunities is very important.***

9. Asking 'what do you want to be when you grow up', dreaming about the work we could do and the type of future that could be had is an important part of growing up. However, for people with a learning disability, including adults with autism, many lose out on the right to have a career, and the broader social networks, better emotional and physical health and more independence as a result of having a job.
10. It is acknowledged that developing employment opportunities is a priority for the Service, and is an area where working in a multi-agency partnership is needed. Obviously, there is potential to extend employment opportunities, however, considerable work is needed to achieve the outcomes of developing mainstream employment options for people with a learning disability and for them to be considered as a valuable member of the workforce by every employer.
11. The Learning Disability team will cooperate closely with the OPUS team in order to identify suitable follow-on and employment opportunities for individuals out in the community. The service has identified 60 adults who would benefit from the support of a job coach. Work is also in progress to re-assess some individuals by using a strength based assessment and then looking at opportunities for the most able to get work. There will also be a need to develop meaningful opportunities for those individuals with complex needs, and there is an opportunity here to link in with the requirement to enable people to contribute to their communities.
12. A 'Community Hub' has been established at the Caernarfon Leisure Centre. This will provide opportunities for work experience and training for adults with a learning disability to develop important practical life skills, along with providing a new service for the wider community and improve the well-being of the local community. Work is also afoot to organise a range of community activities around the new café, based on the needs of the local community. This work was enabled by funding from the Welsh Government.
13. The future aim is to develop employment opportunities and community hubs across the County, with the design of four community hubs via a grant from Schemes that are in the pipeline over the next three years.

***Case Two***

Mr B used to have a reputation of 'running off' on a regular basis. Now, his mother says the days he works at the shop are the days where he wants to get out of bed. He used to be disengaged but wanted responsibility and a job. Now he helps at a shop run by our provider, including helping customers, and getting the stock out for customers, and arranges it neatly around the shop. His behaviour has changed as the behaviour of 'running away' has ceased and he is well known by his customers.

***Socialising and creating relationships***

14. Clubs exist across the county which provide opportunities for individuals with autism to be supported in groups. There is less intervention with groups such as these, they



- promote the individuals' independence, increases their presence in the community and changes the image that people have of group work (rather than 1:1 support).
15. Individuals are able to split their hours to carry out group activities. This is also a way to respond to isolation and offers an opportunity for individuals to socialise together and with others and be a part of our communities. This work stream corresponds with the active support work in terms of offering opportunities for adults with a broad range of needs.
  16. The well-being outputs of these groups include training and developing skills; helping people to live independently; promote socialising and develop individuals to try leisure opportunities; ensure that they are not isolated and increase self-confidence. They also develop skills and knowledge, such as keeping safe, knowing their rights and developing relationships. Of course, everyone cannot be supported in a group, and they will get the same opportunities but with 1:1 support.
  17. Several successful provisions already exist in the County in order for individuals to be able to socialise. We have to ensure that we can offer valuable activities for the individuals and can integrate these opportunities with what already happens in communities.

### ***Case Three***

Every Saturday the Council's in-house provision holds a group in Caernarfon between 10:00 - 1:00. They meet in the Leisure Centre before splitting into smaller groups depending on the type of activity they wish to do. The group is very popular and a high number of individuals attend. It is an excellent opportunity for individuals to socialise and to also gain new experiences. Some choose sport and others enjoy going out into the community to shop and have lunch out. There are also opportunities to invite a guest speaker or to learn a new skill.

Anheddau, an external provider, offers all types of groups in the Bangor area, they make use of different buildings within the community and offer dancing, music, art and drama sessions. In addition, there is a walking group every Wednesday that is open to all and is very popular. Some persons attend independently and others receive more support in accordance with their needs.

Various cookery groups take place jointly with Coleg Meirion-Dwyfor. The college provides the tutor and the Learning Disability Team provides support through support workers and volunteers. It is an excellent way for individuals to develop skills and gain more independence.

This year, for the first time, we jointly organised groups/courses with the college during the Summer holidays at Coleg Glynllifon. Individuals had a choice to attend gardening, cookery and animal care groups. The groups were mainly for transition age persons and we worked in close collaboration with the Derwen service. It was a special opportunity for individuals to get a taste of college courses, gain a qualification and socialise with other individuals. The groups also provided respite for carers.

#### ***Case Four***

Example of a middle aged man with Autism who finds it very difficult to socialise, but wants to be part of a 'group'. He joined the Rugby Group locally which takes place weekly for people with learning disabilities. He participated in a Rugby day where the players of the Rugby Club's first team played with them, he scored a triple hat-trick! He is in his element having an opportunity to take part in an activity that he would not have been able to undertake if this Rugby Group had not been established. Otherwise, he would never have been able to join a Rugby Club because of his communication difficulties, but with support he has had an opportunity to be part of a team and to show talent in a sport that no one knew he had.

#### ***Suitable Accommodation / Home***

18. In order for individuals to live independently in the community, having different living models in the community is important. For the majority of people, it is seen that this is more appropriate than long-term placements in care homes, as it means that people are tenants with their own rights and with more control over their daily routines. It enables people to live in a normal house as a part of the community.
19. By now, we have moved from the use of residential care for people with a learning disability to supported housing services which enable individuals to live more independent lives. This shift has also made services more person-centred as this model provides more personal support to individuals than residential care. It also means that individuals live and participate in their local communities. Identifying suitable housing locally is a challenge, we continue to investigate alternative housing options with the key stakeholders of the Housing Service to work together to identify housing solutions for people with a learning disability. This could include better designs and adaptations to existing property and learning from good practice and successful housing projects in other areas, such as ideas for better use of assistive technology to support independence.

#### ***Case Five***

A person's circumstances can change quickly and we often face emergencies. This is very difficult to control and it is very important that we continue to make different links in order to satisfy the accommodation needs of individuals in a creative way. We map out the accommodation needs of individuals that include transition age persons, out of county persons and also persons who live with older carers. We use this information in order to plan ahead.

Mr C lived with his sister but following a deterioration in his physical and mental health he had to be admitted to hospital for treatment. The sister found it difficult to continue to care for her brother and Mr C went into a residential care home. The home could not respond to his complex needs and the environment was not suitable, he spent a long period at Bryn y Neuadd under the Mental Health Act. During this period the Team cooperated closely with the Local Housing Agencies to identify a suitable bungalow close to his sister. Following adaptations to the bungalow and commissioning private providers to care for Mr C, he moved back into the community. Mr C now has his own tenancy, has regular contact with his family, his health has

stabilised and he enjoys going out every day to socialise and attends the Day Centre once a week. The support scheme is funded jointly with the Health Service and we regularly monitor to ensure that the location is a success.

We work closely with a private landlord who owns flats and houses in the area. We have supported individuals to get their own tenancies and following an assessment of need have organised support for them via the Supporting People grant. There is an example of three young people who have had a tenancy in Caernarfon from the same landlord. The landlord has been very flexible and we have reduced the support which indicates an increase in the skills of the individuals to live independently. The location of the flats in the town centre answers the needs of the individuals and make it easier for them to use public transport and attend their work placements.

There are several successful examples of Supported Housing in the community. Recently Antur Waunfawr has built housing in close proximity on one site. This model has permitted several persons to get a tenancy and support dependent on their need. It gives more independence for some individuals as they can have periods on their own but have access to support if required.

## **SUMMARY**

We are cooperating with the Health Board to identify a wide range of services and opportunities to address a wide range of needs of adults with autism. We do not directly employ an autism officer, rather the aim is to look at all the needs of the adults that we serve across Gwynedd and respond to their needs in a bespoke, creative and person-centred way. It is important that every officer across the Service develops the skills and expertise to work with adults with a wide range of needs, including autism. The intention of the Service is to develop a preventative team from April 2019 in order that there is a preventative team and a complex needs team to work across the service to support adults with autism.

## **APPENDIX 1: Good Autism practice Training**

Andrew Guy in his role as Active support and Positive behaviour support (PBS) ICF project lead completed Autism workshops to train staff in basic Autism, as this was a priority for front line support workers to be aware of whilst supporting people through the models of Active Support and PBS.

There have been a total of eight workshops over the past year, which have been successful with internal and external providers. The one day course provides comprehensive introduction to the Autism spectrum. It focuses on best practices and approaches focused on understanding Autism, which is vital for providing effective support. The course content is focused on:-

- What is Autism?
- The problems people with Autism might face
- Facts and myths around Autism
- Strength based practice
- Life seen through the Autistic spectrum
- Communication & Interaction
- Sensory issues
- Socialisation
- How to deliver the best support
- How PBS, Active Support and person centred care contribute to effective support
- Understand Autism effects people in different ways

The benefits of this training is evident, for example, support staff are now mindful of the environment, specifically the need to allow people to process information when communicating. Staff have expressed that the workshop has built on their existing skills, in particular their awareness of challenging behaviour.

<b>Committee</b>	<b>Care Scrutiny Committee</b>
<b>Date</b>	<b>September 13th, 2018</b>
<b>Cabinet member</b>	<b>Councillor Dilwyn Morgan</b>
<b>Subject</b>	<b>Autism Services for Children</b>

## **1.Introduction**

### **1.1 Derwen (Integrated Team for Disabled Children)**

A members will be aware, Derwen is an integrated service for disabled children based on a formal Section 33 Agreement under the National Health Service Act (Wales) 2006 - Partnership Agreement.

**1.2 The** integrated team consists of Clinical Psychologists, Community Nurses, Social Workers, Duty and Customer Care Offices, and support services who all work with disabled children, including a high number of disabled children who have autism.

## **2. Autism**

**2.1** Over recent years there has been a strong emphasis on the needs of children and adults with autism in Wales. This is positive for this group, but it is important to note that there is a large number of other children who are receiving services, where there is not the same emphasis or resources allocated for their needs, but where their needs can be as intensive. It is critical when the needs of disabled children are discussed, that the whole spectrum, of needs are recognised, and to not focus on one group specifically.

### **2.2 (i) Neurodevelopmental Service**

Over the last three years, there has been a lot of emphasis on establishing the Neurodevelopmental service for autistic children across Wales. The purpose of the development was to ensure consistency of services for children who were being referred to disabled children's services and to CAMHS (Children and Adolescent Mental Health Services) for assessment, to bring the waiting list down and to offer some intervention. Due to a lack of resources that came as a result of this development, it is not possible to see the expected consistency across North Wales. Unfortunately, waiting lists are longer, some resources were transferred for disabled children's services to the new service which has an impact on Derwen, and any intervention is based on short term grant funding. On a positive note, it does mean that all referrals for autism go to the same service and they are referred on to Derwen if they are disabled. In the past, all children under 5 were referred to Derwen for an assessment, but if they did not have a learning disability, they did not remain open to the team, and at times this led to complaints. In relation to the neurodevelopmental service, one deficit is that it consists of seconded health board staff only and very limited capacity is available form education. There is no social

worker attached to the team which means that families do not receive a carers' assessment for example.

## **2.2 (ii) Integrated Autism Service**

This is another development that has stemmed from a different department from within Welsh Government, and has been developed mainly to respond to adults' needs, and also to offer information and advice to children and their families. The service is in its' early days and it is therefore difficult to state clearly what the effect will be on children and families. There was very little consultation with the neurodevelopmental service when it was being established.

## **2.3 Changes over the years.**

From extensive experience of working in this field, autism is becoming more identifiable and therefore there is an increase in the demand. It is not unusual to have a family where there are two, and sometimes three children who are assessed to have autism and a learning disability. Some of these children and young people have other extremely challenging behaviours and related conditions, such as PICA, which increases the complexity in relation to care.

## **3 Developments and intervention via Derwen**

### **3.1 The team's core services**

Families with autistic children who are referred to Derwen can expect the same services to be offered to them as to any other families open to the team by the various professions within the team.

### **3.2 Duty and Customer Care Officer**

Initially this officer will undertake an assessment of needs, undertake a carers' assessment, will lead and support the family through the Initial planning process in order to form an Initial Individual Support Plan, and will refer to the professionals within the team. If there is a waiting list, the role of this officer is to keep in contact with the family whilst they wait and provide them with information and advice, and to support them as needed.

### **3.3 Clinical Psychologists**

Prior to establishing the neurodevelopmental service, a child where autism was raised would be referred to the psychologists for an assessment. The team developed the PACT (Pre Autism Communication Therapy) intervention through using grant monies from Families First, and positive reports were received from families who utilise the intervention with their children. As a result, a pack called 'Ga i ymuno â chdi?' was developed by a member of the team. It is a bilingual pack which is available to families and front line staff to help to understand and develop their communication skills with children. The pack won an award in the Welsh Health and Care Awards. The PACT intervention along with Interactive Music Therapy is funded through a small team – IMPACT – under ICF funding (Intermediate Care Fund)., and is available to families open to Derwen and to the neurodevelopmental service. This year the team has moved forward by using the Families First grant to

work with disabled young people (including a number with autism) to look at their individual skills in relation to their development, and to form groups for the Incredible Years ASD course and Speech Delay for parents. A small number of Derwen staff are being trained to help to run the courses. Furthermore the psychologists will be working individually with children, young people and their families and will be advising, training and supporting staff from a number of agencies.

### **3.4 Children's Community Nursing**

The nurses work with children offering interventions in areas such as sleep, feeding, play, development and growing up on a one to one basis and in groups. If there is a child protection matter in a case that they are involved with, they will become part of the Child Protection process.

### **3.5 Social Workers**

Social workers respond to the statutory duties in relation to children's services and work with each element related to disabled children, including children with autism. They assess in relation to support needs such as support services and short breaks, offer advice and information to families, undertake safeguarding responsibilities, court work and contact work. The social workers work with looked after disabled children and provide information for statutory reviews and arrange contact between children and their families. This element can take the worker far afield as there is a lack of regulated placements for disabled children. All of these duties include responding to children with autism.

### **3.6 Support services**

Following an assessment by a professional worker within Derwen the referrals that come to the service can request input from a Youth group or summer scheme, to a few hours of support worker service on a one to one basis, to an intensive support package. Over recent years, a number of children with autism and extremely challenging behaviour have been supported to remain at home by the service. In order to do this, specialist training is needed along with specialist equipment and a large package of support. In the last year, for example, three cases cost the service £ 43,993. Family support workers have also been developed as part of intervention to develop specific measurable outcomes.

## **4. Short breaks.**

### **4.1 Hafan y Sêr**

The unit was opened during the year. It is a step forward in the process of meeting the demand for short breaks that have been under resourced for a long period. A number of disabled autistic children are receiving short breaks at the unit, and a number are on the waiting list.

### **4.2 Family care.**

This resource is extremely scarce, but there is a joint piece of work ongoing with Anglesey at the moment to develop and raise awareness of the need of shore break

carers for disabled children. This will include children with autism and a learning disability.

## **5. Challenges**

### **5.1 Meeting the needs of autistic children who do not have a learning disability.**

As mentioned, the needs of disabled children who have autism and a learning disability are assessed and partly met by Derwen along with assessing their parents' needs. However, where there is no learning disability, at this point in time there is no intervention or direct series other than an assessment for a diagnosis, education and intentions available through grant funding for these families. There is a clear need to establish a process to assess the needs of carers and to offer supportive intervention.

### **5.2 Clinical Psychology time**

As the resource is so limited within the Health Board and the assessment element depends on them as professionals, the waiting lists can be over 12 months. This is not acceptable to families of very young children who are concerned about their children's condition.

### **5.3 Short Break resources**

Alongside what has been stated, some support service and Direct Payments are used, but there is a clear resource issue to be able to develop further. The service has already had less money following the Her Gwynedd process and this has had an effect on what can be offered to disabled children, including children who are autistic.



<b>Committee</b>	<b>Care Scrutiny Committee</b>
<b>Date</b>	<b>13 September 2018</b>
<b>Title</b>	<b>Autism: Education Service</b>
<b>Cabinet Member</b>	<b>Councillor Gareth Thomas</b>

### Information regarding Additional Learning Needs and Inclusion (ALN & I)

#### 1. How does the autism service provide support for people with autism?

Within the ALN&I Service two main services work together to provide support for children and young people between 0-19 years old with Communication and Interaction Difficulties and Autism - the Educational Psychology Service and the Communication and Interaction Service. The Gwynedd and Anglesey ALN&I Strategy has been operational since September 2017. Although elements of the Services existed previously, the provision for Autism and other aspects of Communication and Interaction have seen an increase in staffing level.

#### **Educational Psychology Service**

##### 1. Aim

The Educational Psychology Service collaborates with Gwynedd and Anglesey schools in order to facilitate a suitable and reasonable response for young people who experience additional learning difficulties, as part of the ALN Integrated Team, where these needs affect the individuals' access to the curriculum. They do this in order to:

- Ensure the best possible educational outcomes for individuals aged between 0 and 25 years old.
- Provide a high quality Service that is in-keeping with the standards of the Health and Care Professions Council (HCPC).
- Work in an effective strategic manner to promote whole-school development in the way in which ALN and Inclusion is targeted.

##### 2. Objectives

The aim of the service is to use Psychology to:

- Lead strategically and provide advice on issues relating to ALN and Inclusion on an authority and whole school level to reinforce and upskill schools and parents in response to ALN.
- Promote the developmental, educational, behavioural and emotional skills of individuals aged between 0-25 with consideration given to the welfare of the individual.
- Consult with clients (children/young people, school staff, parents and other agencies) and offer a wide range of specialisms and interventions rooted deeply in Psychology.
- Project work and psychological research to promote good practice and the best outcomes based on current evidence in the field of psychology research (and educational psychology).
- Provide training for staff on subjects relevant to them and in accordance with current developments in the field of psychology and ALN and Inclusion.

##### 3. Indicators

The Educational Psychology Service measures the success and quality of the provision by means of a number of indicators. We list below our main indicators:

- Annual survey of schools' perception by means of a questionnaire.
- Survey of young people's perception through interview or questionnaire.
- Data on pupils' progress which is open to the service according to indicators of specific areas, for instance progress according to achievement indicators, standardised targets and measures, and referral assessment criteria.
- Results of researched projects.
- Survey of perceptions regarding the quality of training offered by the team and how the training has been used.

#### 4. Access to the Educational Psychology Service

Access to the Education Psychology Service's services is possible across the integrated service is dependent on need and service area.

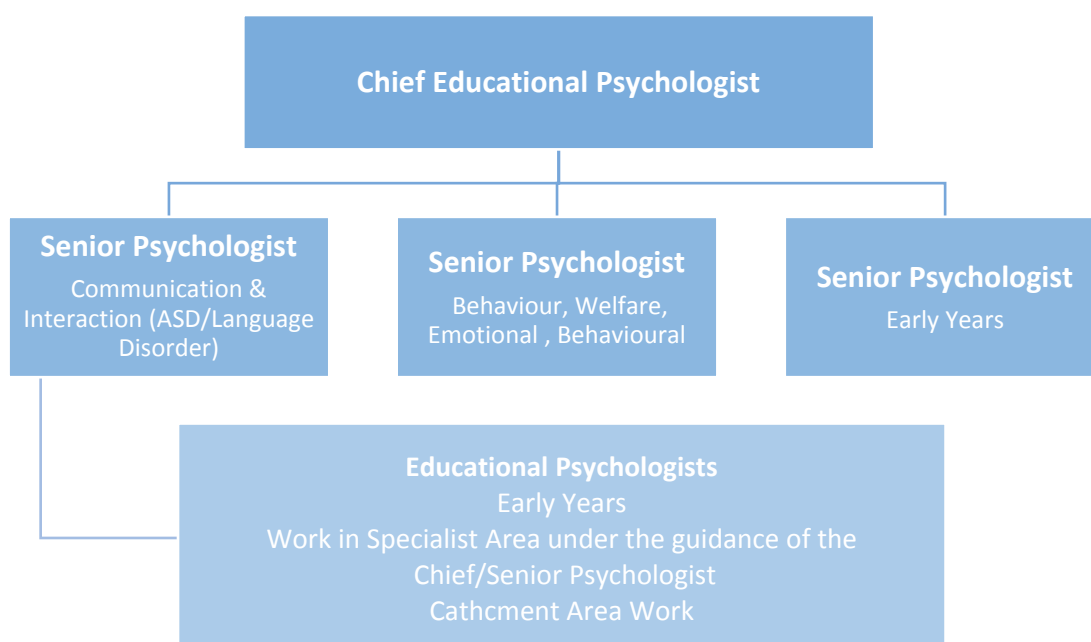
- Every school has a Contact Educational Psychologist, who operates on the level of secondary school catchment area to carry out the work described on the catchment area, whole school or individual pupil level on School Action Plus. This work is carefully planned at the beginning of the school term on catchment area level to ensure that the input is used as required and in accordance with the Criteria.
- Each Service has access to the service of a Senior Educational Psychologist and another Educational Psychologist specialising in that area. This work will be planned through the work of the ALN&I Area Forums and the Cross-County Panel.

The table below summarises the type of input offered in terms of graduated response to needs.

STEP	ROLE
<b>STEP 1</b> (School Action)	<ul style="list-style-type: none"> <li>• Educational Psychologist work by specific catchment area / area according to the above descriptions.</li> <li>• Training at school, regional and county level on subjects relating to interventions, methods of monitoring and assessing progress, methods of mapping whole school provision and individual-centred planning.</li> <li>• Close co-operation with ALN Quality Officers and ALN&amp;I Co-ordinators within schools.</li> </ul>
<b>STEP 2</b> (Schools Action and Plus)	<ul style="list-style-type: none"> <li>• Educational Psychologist work by specific catchment area / area according to the above descriptions.</li> <li>• Consultation with parents and key staff within the school at individual or group level to promote change and development.</li> <li>• Therapeutic intervention on group or individual level</li> <li>• Close co-operation with School/Cluster ALN&amp;I Co-ordinator within schools and with the ALN Quality Officers.</li> <li>• Discuss cases in Area Forums/ ALN&amp;I County Panels</li> <li>• Close co-operation with parents and other agencies involved with cases.</li> </ul>

<b>STEP 3 and 4</b>  Area Forum / Integrated Team Input (SA+/Statement) Cross-County Panel	<ul style="list-style-type: none"> <li>• Input by Designated Senior Education Psychologist for the Integrated Service in all areas including strategic planning, training, and consultation within the area.</li> <li>• Psychological and Strategic input within Area Forums.</li> <li>• Close co-operation with ALN Quality Officers.</li> <li>• Educational Psychologist work by specific catchment area/area including statutory duties within this catchment area/area.</li> <li>• Consultation and close co-operation with members of the same area within the integrated service, schools and other agencies to ensure high quality intervention and psychological awareness.</li> </ul>
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**The Service staffing structure can be seen below. All Educational Psychologists are involved with Autism within their catchment areas (as well as a wide range of other fields).** Also, within the Educational Psychology Service there is a Senior Educational Psychologist who takes a lead and strategic role within the field, collaborating on the Neuro-Developmental assessment pathway responsible for assessing Autism, and close collaboration with the Communication and Interaction Team. Other Senior Psychologists can also contribute to the field within their own specialisms.



### Communication and Interaction Service

#### 1. Aim

The Communication and Interaction Service collaborates with Gwynedd and Anglesey schools to seek to enrich language skills, communication and interaction and respond gradually when difficulties in relation to Delay, Disorders or Autism impact development in these fields.

#### 2. Objectives

In order to achieve this aim, as a service we have set the following objectives:

- Ensure that the ethos of Gwynedd and Anglesey schools ensures the schools' ownership of young people who have communicating and networking needs.
- Ensure full partnership with relevant agencies within the Health Board (e.g. Speech and Language Therapy, Clinical Psychology).
- The workforce of each school in Gwynedd and Anglesey to receive appropriate training which will lead to teachers who are confident to plan for the development of language and communication skills.
- Ensure expert guidance to enable schools to tailor specialist interventions within the school's resources.
- Ensure local standard specialist provision for the young people with the most severe needs.
- Ensure clear contact with the community health sector to identify linguistic needs early.

### 3. Indicators

The Communication and Interaction Service measures the success of the provision through a number of indicators. Our main indicators are noted below;

- Progress in the main indicators at the end of key stages
- An increase in the standardised scores in Numeracy and Literacy Standardised Tests.
- An increase in the standardised scores in National Tests.
- Development in skills according to indicators of standardised, non-standardised and directive criteria language and communication and interaction assessments, communication and interaction by professionals (e.g., Educational and/or Clinical Psychologist, Speech and Language Therapist, Specialist Teacher).
- An increase in the percentage of schools' workforces who have relevant training in identifying and targeting language and communication needs, autism and interaction skills.
- Evidence of generalising skills by observations.

### 4. Provision

The provision offered by the Communication and Interaction Service has been split into two main sub-sections.

#### **School Action**

##### *General*

Every school in Gwynedd and Anglesey receives a devolved budget in order to implement school level strategies to support young people with Communication and Interaction Difficulties, for example:

- Establish systems which enable the pupils to be targeted according to their needs.
- Use of a screening tool to identify areas to ensure the development of a friendly learning environment to develop communication skills.
- Every pupil with communication problems receives early graduated response which meets his or her needs, such as access to focus groups, target groups, to develop communication and interaction and literacy and numeracy skills.
- Ensure an environment which is inclusive for individuals with difficulty understanding and expressing the use of verbal language, or with difficulties involving themselves in social interaction.

The Communication and Networking Service supports the work of schools by presenting each teacher and classroom assistant with an agreed training programme. This training programme is consistent across schools with a clear focus on secondary school progression.

The training programme is reviewed every five years and only interventions with evidence of being effective are approved. Schools can have access to ready resources and specific information through the ALN and Inclusion Service's Resource Library.

## **Schools Action Plus**

### *Specialist*

Every school in Gwynedd and Anglesey can refer pupils to the attention of the ALN and Inclusion Area Forum. This should be undertaken in line with the Criteria by following the agreed procedure. Some young pupils will have already been brought to the service's attention through Early Years identification systems through the Early Years Forum.

As part of the provision, a school can receive specialist support for the individual within a half term. The work is organised by our Senior Communication and Interaction Teacher. There is robust collaboration with the Speech and Language Therapy Department making the service completely integrated, and the work of modelling, monitoring and co-implementing the strategies under the guidance of our Specialist Teachers and Speech and Language Therapists as part of the Partnership service. The effectiveness of the specialist strategies are measured and the progress of the individuals is reported back at the forum. Where there is no evidence of progress, the support is reviewed. The Specialist support follows specific steps.

The specialist provision is planned on a step by step basis in order to ensure gradual intervention, in line with agreed Criteria. The flowchart below provides an outline of the Service's steps:

## **Specialist Centres**

The Communication and Interaction Service offers specialist provision for the small number of pupils who achieve the Criteria for Step 3. In line with the Criteria, some pupils can be referred to local specialist provision located within Gwynedd and Anglesey schools.

There is a focus on up-skilling these pupils to be able to cope better within a mainstream situation should they return to it. Any pupil who receives a placement within our specialist provision does so for a specific period of time with a definite plan to return full-time. The pupil remains on the school register, and in most cases half day placements are offered.

The provision is reviewed after two terms, and then on a termly basis after that. The ALN&I Area Forum determines the length of the placement and comes to an opinion regarding the pupil's suitability to return to mainstream education.

On leaving the Specialist Centres, the ALN&I Area Forum will decide whether the pupil is eligible in terms of the Criteria to receive Step 1 or 2 input during the transition back to full-time mainstream school.

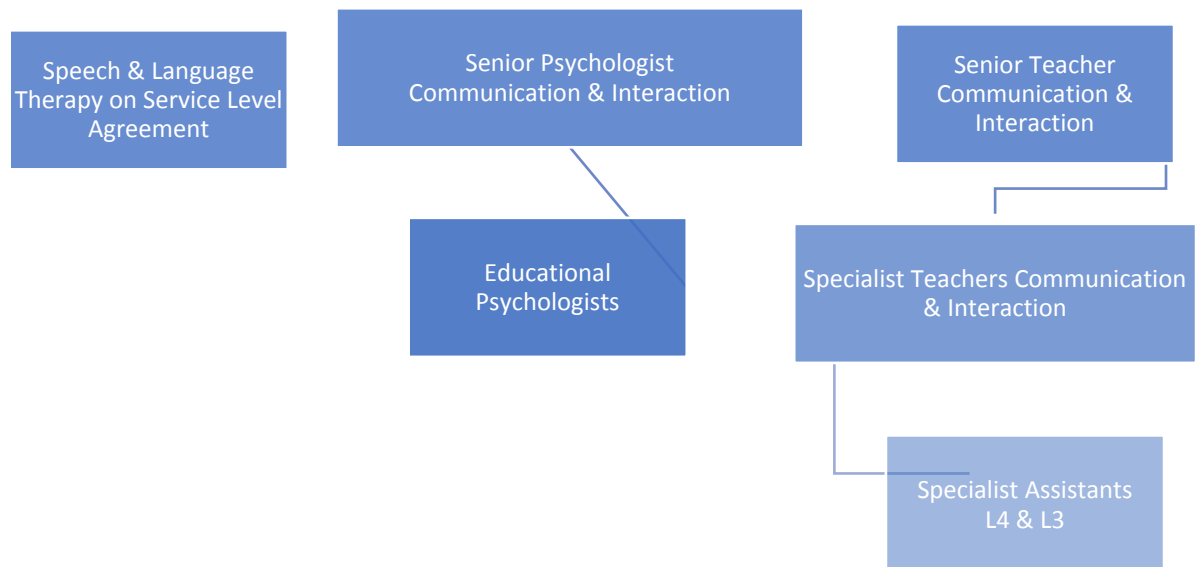
### ***Language Disorder Centres***

The Language Disorder Centres provision focuses on specific language disorders, where elements of a pupil's knowledge, expression, speech and short-term memory continue to develop in a problematic way in terms of suitable linguistic ability. These Centres do not provide a service for children with Autism.

### ***Social Communication Centres***

The Social Communication Centres are a provision which focus on difficulties with social use of language, interaction and communicating skills, behavioural needs which derive from social communication difficulties, social situational knowledge etc. The provision is suitable for children with needs such as this who have not necessarily received a diagnosis of an Autistic Spectrum Disorder.

### **Staffing Structure**



As well as the above Central Services, two other services provide for Autism within the Authority. These provisions are currently within the scope of Phase 2 of the ALN&I Strategic Review.

### **Early Years Assessment and Observation Service**

Currently there are Four Nursery Class Units within the County that provide specialist early input and further assessments to inform of the likely need of young children with ALN when they reach full-time education age (Reception Class). Approximately two thirds of the children who attend have communication and interaction difficulties that can may be going through the Neuro-developmental Pathway assessment for Autism.

There is a Senior Educational Psychologist for Early Years, and the time of Educational Psychology is given for Early Years referrals and ABC.

### **Special Schools**

Both Schools provide a service for children and young people aged between 0-19, a number of these are children with Autism are part of profound and complex Learning Difficulties.

**2. Information about the nature of any plans:**

See above

**3. How does the Housing Service work jointly with autism officers and people with autism?**

Not relevant

**4. How do you plan and provide a service where people with learning disability have different requirements?**

The ALN&I Service works in a person-centred way and responds to the needs of individuals. A learning disability is not essential to gain access to the services. The service is available across the ability spectrum.

Within Gwynedd there are two Special Schools for the county's most profound individuals in terms of Learning Disabilities and the Educational Psychology Service provides a service for these two schools.

**5. How do you plan and provide services in order to give consideration to mental health issues?**

Developing the skills of Schools to respond to mental health issues is an integral part of the Education Psychology Service. For example:

- Senior Psychologist for Welfare, Emotional Health and Inclusion working on a Nurturing Schools project.
- Whole-school training in Mental health awareness
- Offer Mindfulness and Yotism (Yoga for Autism) provision
- Therapeutic work using Cognitive Behavioural Therapy techniques and Short Term Therapy (solution-focused)
- ELSA (Emotional Literacy Support Assistant) training Autumn 18 - Summer 19 provided to up-skill classroom assistants in Schools. An element of the 6 day course looks at welfare and communication and interaction difficulties such as Autism.

**6. Show how you address challenges such as finding a home, finding work and appropriate educational support.**

There are challenges for the Teams in terms of capacity to provide specialist input - we are working on our access and exiting Criteria in order to ensure that we provide for the right period, to the right individuals.

**7. Give an update on the OPUS work in terms of people with autism.**

Not relevant

**8. Note if you employ autism officers or otherwise, their number and a brief description of their work.**

Officers who deal with Autism in the Central Service within the Strategy.

Communication and Interaction Service	Gwynedd	Anglesey	Total
Senior Teacher	0.6	0.2	0.8
Specialist Teacher	5.2	2	7.2
Senior Assistant	3	1	4
Specialist Assistant	7	1	8
Assistant	2	0	2

**9. If you do not employ officers, show how your Department (and schools) work jointly with autism officers.**

Not relevant

**10. Show the impact that autism officers have on service users, their families and carers.**

- Ensure early intervention that enables individuals to be included in their local school as much as possible.
- Provide the correct level of input in terms of curriculum differentiation.
- Increase skills and the experience of school staff in their ability to provide suitable activity planning to develop the whole person within the educational location.
- (See also the aim and objectives of the services in 1.)

**11. Note any particular skills with the work and any concerns or difficulties.**

**Achievements:**

Educational Psychology Service

- Catchment area meetings every half term in order to identify training needs etc.
- Develop the Team's role in providing training and therapeutic interventions.
- The role of the Senior Psychologists in specialist areas e.g. Autism.
- Collaboration between the Senior Psychologists and the Psychologists within the team in order to nurture specialism and good practice.
- Secondary Inclusion Group Mental Health Day.
- Collaboration with parents.

Communication and Interaction Service

- Provide Training for Schools
- Modelling Good Practice
- Input of Specialist Teachers in order to establish provisions within schools



- Assistance of Specialist Assistants - able to locate specialism in the school for extended periods
- The Communication and Interaction Centre (1)
- The Language Impairment Centres(4)
- Service area meetings
- Collaboration with parents.

#### **Challenges:**

- Access system to the Service is challenging in terms of numbers - this is greater in terms of Primary age Language Disorder and Autism in very young children.
- Planning for the Future in terms of provisions
- High level of assistance in the Mainstream continues to be a challenge in terms of budgeting.
- The ability to respond to demand for expertise in the early years.
- Share knowledge/systems with the Speech and Language Therapists and other agencies.
- Challenge to respond to applications involving the Neurodevelopmental Pathway in terms of Assessment work by the Educational Psychologists - no financial investment.

#### **12. Give information about your plans to deal with difficulties and any developments that are planned for the future.**

##### **Priorities for the future:**

- Develop and improve impact indicators.
- Improve information sharing systems with Speech and Language Therapists and the Neurodevelopmental Pathway.
- Contribute towards improving the access arrangements to the service
- Continue to develop and implement the Training Strategy.
- Continue to develop and train the team members
- Assess the need for further Specialist Centres in specific locations.
- Ensure that there are suitable staffing resources to achieve the strategy.
- Collaborate with colleagues regionally and nationally

#### **13. Show how you collaborate and jointly plan with each other and with external agencies such as the Health Board.**

- Collaborate and close joint planning continuing between the Educational Psychology Service and the Communication and Interaction Service.
- Develop a strong link with the Neurodevelopmental Pathway, and strategically across the region via the Senior Educational Psychologist role.