

PE1704/B

Argyll and Bute Council and Argyll and Bute Health and Social Care Partnership joint submission of 26 October 2018

In terms of Argyll and Bute Council and Argyll and Bute Health and Social Care Partnership (HSCP) it is noted that a localised Strategy for Autism across Health and Social Care Services was launched in February 2017 in collaboration with representatives from the local Autism Strategy Group; Autism Network Scotland; and Autism Argyll and Bute. In conjunction with this, an Implementation Plan was devised focussing on 4 National Outcomes with an emphasis on identifying key actions and timescales involved over a 5-year period.

More recently, Argyll and Bute HSCP established a Short Life Working Group associated with its 'Transformation Together' agenda and as part of this process there is renewed commitment to further developing the above Autism Strategy and Implementation Plan to improve services and outcomes for autistic individuals and families.

With regard to the petition and the specific points raised please see responses outlined below: -

1. In Argyll and Bute if someone is going through the diagnostic procedure it is recognised that they may not ultimately be diagnosed as being on the spectrum. Even if they are they may not require input from the HSCP or its services. Further support and input largely depends on the severity of individual's condition and their ability to function and cope etc. In all client categories assessments normally take cognisance of the Partnership's Priority Framework. (NB: full details can be provided as necessary).

Essentially, Resources are allocated using a 'Prioritisation of Need Framework'. In common with many other Partnership's across Scotland, Argyll and Bute HSCP have put in place a prioritisation framework to guide the allocation of resources to those in the greatest need. The need for such a framework is a direct response to the increasing gap between assessed need and available resources.

The prioritisation of all referrals made is based primarily on the information received at the time of referral with Priority 1 (*Critical risk where serious harm or loss of life may occur*); and Priority 2 (*Significant risk where harm may occur now or in the near future*) afforded the highest response. Lower priorities tends to be signposted elsewhere).

In terms of the Adult Diagnostic Service, Argyll and Bute HSCP is committed to delivering a sustainable service. However, it is acknowledged that recruitment issues do contribute to diagnostics and waiting lists.

Nevertheless, within Children and Families there is a multi-diagnostic service across Argyll and Bute. There is an established management group in place.

The service is also planning for the future to ensure additional staff are in place to help satisfy any new demands introduced.

Similarly, within Adult Services pathways exist to access direct support from Social Work and/or individuals are signposted to colleagues within the Third Sector dependant on eligibility and priority of need.

2. Argyll and Bute Education Service is committed to ensuring that our teaching and support staff have a clear knowledge and understanding of Autism and the strategies that should be put in place to improve outcomes for children and young people.

The allocation of additional support needs assistant intervention is based on a careful assessment of need, both in terms of the child or young person as well as factors within the educational environment.

Our assistants provide support for children and young people under the direction of the class teacher and where appropriate a wider support team including support teachers, Area Principal Teachers and Educational Psychologists.

Under the ASL Act there is a requirement to ensure that the provision of support is directed to the needs of each child whether or not they have a specific diagnosis. This would include Looked After Children, those with complex learning needs or a disability, those with an autism diagnosis and those who may have an autism spectrum disorder but do not have a diagnosis.

It is important to ensure equity in terms of the skill and training of staff for all children and young people identified as having an additional support needs regardless of any one underlying condition.

In most cases, support is already in place within an educational establishment prior to a diagnosis of Autism being made. Following an Autism diagnosis a Child's Planning meeting is held to consider the outcome of the diagnostic process and review the support being provided including any staff development that may be required.

As all children and young people, whether they have a specific diagnosis or not, will have a unique profile of strengths and needs, it is important to ensure that staff development is aimed at addressing need and barriers to learning rather than focusing predominantly on an overarching label.

3. The young adults with autism will have a statutory right to specialist support from their local authority up to the age of 25.

As acknowledged above, any requests for advice and support is likely to cover a broad spectrum of people and conditions across a number of services including Learning Disability; Mental Health; and Adult Care. As such, it is accepted that access to specialist support locally will not always be available given the rurality of Argyll and Bute and shortage of suitably qualified practitioners in the area, as well as the wider country. Crucially, despite the challenges Argyll and Bute HSCP continues to explore innovative methods for providing services, including specialist support through greater use of technology in view of the issues of travel across such large geographical areas. Currently, the Partnership has employed a Local Area Coordinator to support people who have a diagnosis, are involved in transitions from youth to adult services and who are working towards independence supported by the independent living fund etc.

Also, it is recognised that the longer term commitment to young adults with Autism up to age of 25 is likely to require further funding (out with personal care needs) nationally in order to fully reflect the higher unit costs of services in what is a rural and island authority with a dispersed population that prevents economies of scale.

4. That an Autism Act will be in place within the next 5 years to enshrine specific rights and services for autistic people in our legal system.

It is envisaged once the Autism Act is in place that this will be supported by further frameworks and funding streams on which to focus attention and support individuals diagnosed with Autism in the widest sense. However, once again any changes to legislation and emphasis on new statutory duties will require to take cognisance of raised expectations and possible legal challenge(s) balanced against actuals and what is deliverable within the context of geography, dispersed populations, resources and available staffing, skills and appropriate expertise.

Also, as mentioned already it is recognised that Autism is only one of a large range of conditions and the concept of introducing Autism specific legislation may be perceived at odds with current considerations in respect to wider discussions about the possible combining of legislation in relation to Adult Support and Protection, Mental Health, Learning Disability and the Adults with Incapacity. If so, it is reasonable to question whether further legislation is required to underpin specific conditions.

In summary, Argyll and Bute Council and Argyll and Bute HSCP believe that we have started making positive progress into providing and developing services which are highly specialised and will allow individuals to be cared for and supported locally, wherever possible. As a Partnership we have sought external support and guidance from Autism Network Scotland to ensure that both our initial Strategy and Implementation Plan are refreshed, achievable, and actioned and taken forward

within realistic and agreed timescales. There is also other pieces of work and training across Education and the Third Sector which is ongoing and will result in positive and improved outcomes for individuals; families and organisations, alike.