

## Briefing note

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**To:** Health and Social Care Scrutiny Board (5) and Education and Children's Services Scrutiny Board (2) (by invitation)

**Date:** 11 March 2020

**Subject:** Autism Spectrum Condition (ASC) pathway and support to Children and Young People in Coventry

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### 1. Purpose of the Note

1.1. The purpose of the briefing note is to provide Scrutiny Board 5 with:

- An overview of national policy and strategy relating to children with Autistic Spectrum Condition (ASC), local services and local governance;
- An update on what is working well and areas of concern;
- Details of next steps and plans.

### 2. Recommendations

2.1. It is recommended that the Health and Social Care Scrutiny Board (5):

- Notes the progress to date on services to support children and endorses the plans to further progress the Autism Spectrum Condition (ASC) support available to children and young people living in Coventry who are on the waiting list and who have been diagnosed (pre and post diagnosis support).

### 3. Context/Background

3.1. Autism is a term used to describe a neurological difference in brain development that has a marked effect on how a person develops. There are four areas of difference that are particularly important for staff in schools and educational settings to understand and pay attention to because most people with autism will have individual educational needs to be met in these areas.<sup>1</sup>

3.2. Every person on the autism spectrum will have a range of abilities within each of these areas, and many people on the spectrum have high levels of anxiety. People on the autism spectrum also have differences in:

- Interacting
- Processing information
- Sensory processing
- Communication

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<sup>1</sup> <https://www.autismeducationtrust.org.uk/what-is-autism/>

- 3.3. People with autism have strengths over those without autism. For example, strong attention to detail and an ability to see patterns in data that can bring many advantages<sup>2</sup>. There are disadvantages too. Children with autism often have significantly worse health and social outcomes than their neurotypical peers; including lower educational attainment, difficulty forming relationships, bullying and social isolation.<sup>3</sup>
- 3.4. The Children and Families Act (2014) requires Local Authorities and Clinical Commissioning Groups (CCGs) to make provision for joint commissioning arrangements for education, health and care provisions for children and young people with Special Education Needs (SEN) or disabilities, including young people with autism. The Act requires Local Authorities to identify all the disabled children and young people in the area, including those who may have SEN, and to publish and maintain a local offer that sets out the education, health and social care provision that the local authority expects to be available for disabled children and young people and those with SEN, including young people with autism.
- 3.5. Building the Right Support (2015) is the national plan to develop community services and close inpatient facilities for people with a learning disability and/or autism with behaviours that challenge, including those with a mental health condition. Since 2016, the Coventry and Warwickshire Health and Care Partnership has received additional investment from NHS England, CCGs, and Local Authorities to support the piloting of services for young people with autism to prevent an escalation in their mental health, which may result in admission to hospital. This has been known as the Transforming Care programme.
- 3.6. The NHS Long Term Plan (2019) includes a specific focus on autism and learning disabilities. There is currently no clarity on how much funding will be made available to support delivery of the plan, but it is likely that any funding will be targeted at improving the offer of support for people with autism and through the wider workforce. A key deliverable of the NHS Long Term Plan (2019) and Transforming Care programme, is a reduction in the numbers of children and young people with a learning disability and/or autism admitted to a mental health hospital.

#### **4. Local governance**

- 4.1. The Coventry and Warwickshire Learning Disability and Autism Transformation Board is responsible for the delivery of the NHS Long Term Plan objectives in relation to autism and learning disabilities, and in addition for overseeing the development and delivery of the joint all age autism strategy. The Autism Transformation Board is accountable to the Health and Care Partnership.
- 4.2. Educational support and provision is monitored by the SEND (special educational needs and disabilities) Support Senior Leadership team and is ultimately accountable to the SEND Board.

#### **5. Data**

- 5.1. Nationally and locally there is no register of people with autism recorded so the true prevalence in Coventry and Warwickshire is not known. As a result, national estimates of prevalence takes into account local population demographics ranges from 0.8% to 2% of the population<sup>45</sup>.
- 5.2. Based on the national prevalence, it is estimated there are around 3,090 people living with autism in Coventry of which there are around 673 children living with autism, during 2019.

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<sup>2</sup> <https://www.autistica.org.uk/what-is-autism/autism-myths-and-causes>

<sup>3</sup> [http://allcatsrgrey.org.uk/wp/download/disabilities/Liverpool-neurodevelopmental-needs-assessment\\_final-report\\_Jan17.pdf](http://allcatsrgrey.org.uk/wp/download/disabilities/Liverpool-neurodevelopmental-needs-assessment_final-report_Jan17.pdf)

<sup>4</sup> Adult Psychiatric Morbidity Survey: Survey of Mental Health and Wellbeing, England, 2014

<sup>5</sup> <https://www.cdc.gov/ncbddd/autism/data.html> , CCDC, 2019

- 5.3. The proportion of males compared to females diagnosed with autism varies across studies, but always shows a greater proportion of males, however studies also state it is likely that autism is underdiagnosed in females<sup>6</sup>.

Area	Age 0-17			Age 18+			All
	Female	Male	Total	Female	Male	Total	Total
North Warwickshire	12	95	108	53	378	431	538
Nuneaton & Bedworth	27	211	239	103	738	841	1,080
Rugby	23	183	206	84	613	696	902
Stratford-on-Avon	23	181	204	105	735	840	1,044
Warwick	26	208	234	114	847	960	1,195
<b>Warwickshire</b>	<b>112</b>	<b>879</b>	<b>990</b>	<b>459</b>	<b>3,309</b>	<b>3,768</b>	<b>4,759</b>
<b>Coventry</b>	<b>75</b>	<b>598</b>	<b>673</b>	<b>280</b>	<b>2,136</b>	<b>2,417</b>	<b>3,090</b>
<b>Total</b>	<b>187</b>	<b>1,476</b>	<b>1,664</b>	<b>739</b>	<b>5,446</b>	<b>6,185</b>	<b>7,849</b>

Source: APMS 2014 ASD prevalence estimates applied to 2017 ONS-mid-year population estimates. Figures may not sum exactly due to rounding.

- 5.4. Education, Health and Care Plans (EHCPs) are a mechanism to identify what additional support is required to help meet the needs of children and young people aged up to 25 with the most complex SEND. A significant proportion of children and young people with an EHCP also have an autism diagnosis. A report by the All Party Parliamentary Group on Autism (2017) on how the education system in England works for children and young people on the autism spectrum found:

- Autism is the most common type of need for pupils who have a statement of special educational needs or an EHC plan.
- Autism is the primary need for 27% of these pupils – 31% of boys with a statement or EHC plan, and 16% of girls.
- More than 70% of children on the autism spectrum in England attend mainstream schools.
- Mental health issues such as anxiety and depression affect almost 80% of autistic adults and 70% of autistic children and young people. National data suggests that young people with autism are 28 times more likely to think about or attempt suicide than their neurotypical peers<sup>7</sup>. However, there is little evidence nationally of what mental health interventions work for people with autism.
- The health, education and social outcomes for people with autism are worse than the neurotypical population across almost all conditions studied. People with autism die on average 16 years earlier than the general population. For those with autism and learning disabilities, it is more than 30 years earlier<sup>8</sup>. There therefore needs to be a focus on making all health, education and social care services more accessible and effective for people with autism.

## 6. Services for Children and Young People with autism

- 6.1. Within Coventry, there are a wide range of services available to parents and carers, children and young people, and schools to support children and young people who are on the waiting list or have received a diagnosis of autism. These services are detailed in appendix 1.
- 6.2. As part of the CAMHS offer, Coventry and Warwickshire Partnership Trust (CWPT) provide a specialist Neurodevelopmental Service, across Coventry and Warwickshire. In Coventry, the services provide pre-assessment, assessment and post diagnostic support to pre-school and school age children. The service delivers:

<sup>6</sup> ADULTS AND CHILDREN WITH NEURODEVELOPMENTAL CONDITIONS Warwickshire and Coventry Joint Strategic Needs and Strengths Assessment 2019

<sup>7</sup> [www.autistica.org.uk](http://www.autistica.org.uk)

<sup>8</sup> <https://www.autistica.org.uk/what-is-autism/signs-and-symptoms/suicide-and-autism>

- Two diagnostic pathways: Preschool (under 5 years) and School age (5-18 year olds).
- Online information sessions for parents and carers while waiting for or following a diagnosis (pre assessment support sign posting) and following a diagnosis on emotional regulation, communication, and sensory difficulties.
- Post diagnosis education sessions for parent and/or parent and child groups providing post diagnostic support for understanding neurodevelopmental disorders.
- Post diagnosis education sessions are provided by neurodevelopmental occupational therapy, for parent and/or parent and child and are focused on 'Life Skills' & 'Sensory and Anxiety'.
- Time limited individual interventions for some children and young people with complex needs which cannot be met in core mental health, occupational therapists (OT), and speech and language therapists (SLT) services where there is an assessed risk for the child.

6.3. CWPT deliver a children's intensive support service. The multidisciplinary teams, work alongside CAMHS where required, delivering:

- Assessment, treatment and support for individuals who display behaviour that challenges
- Provision of support, and person specific training for other agencies supporting those individuals
- Coordination of transitions from inpatient and other settings
- Autistic young people in mental health crisis are supported by the acute liaison service through the initial crisis and are then referred to the intensive support service where appropriate for further intervention and support. The intensive support service has a role in supporting the acute liaison and home crisis team in mainstream CAMHS to make reasonable adjustments for young people with autism.

6.4. Vibes (autism social club), is a service delivered by Coventry and Warwickshire Mind (CW Mind), who provide support to children and young people with autism by helping to develop confidence, social skills, self-esteem, and understanding of their own emotional health.

6.5. Schools and Education offer the following provision to support children with autism:

- A centrally commissioned service to early years families and settings from specialist teachers and teaching assistants to help identify and meet the needs of children and young people with complex communication difficulties.
- A traded service offer to schools, from specialist teachers, educational psychologists and higher-level teaching assistants (HLTAs) to address individual, group and whole-school needs.
- An early intervention and assessment offer to families and school settings from Educational Psychologists and Higher-Level Teaching Assistants, delivered as part of the Neurodevelopmental Pathway. This includes:
  - ✓ Support from Educational Psychologists, provided as part of termly planning meetings, to help to 'triage' children and young peoples (CYP's) cases and determine who may benefit from early intervention support.
  - ✓ Consultation with parents and school staff to help better understand the strengths and needs of CYP with regard to communication and interaction.
  - ✓ Direct intervention for CYP on the pathway to address specific language and communication targets.
  - ✓ Clinical supervision and management of the above from a Specialist Senior Educational Psychologist.
- Specialist educational provision at two Enhanced Resource Bases (attached to Aldermore Farm and Alderman's Green Primary Schools) a Special School for

children with complex communication needs (The Corley Centre) and a range of broad-spectrum provision.

- 6.6. The Dimensions Tool is a web-based app developed by CWPT with parents, carers, referrers and clinical staff that helps children and young people, parents and carers to find local wellbeing support in Coventry and Warwickshire that is specific to their needs. People using the tool are asked a series of questions and the Dimensions Tool produces a report which summarises the needs of the young person and gives them relevant advice about support and local interventions that may be helpful. Anyone can access the dimensions tool as a parent, carer or professional who is considering a referral to the neurodevelopmental service.
- 6.7. Appendix 1 shows the services that are delivered in Coventry to support children and young people pre and post ASC diagnosis.

## **7. What are we concerned about?**

### **7.1. Increased demand and referrals for autism**

- Autism assessments are a growing concern. So far in 2019/20 there has already been an increase in referrals for autism assessments of 11% (130) compared with 2018/19, which is anticipated to rise further to 33% (392) full year effect. Locally, demand is significantly outstripping capacity across children's diagnostic pathways.
- The number of early year's children presenting with highly complex communication needs is increasing. This has placed a strain on specialist providers within the city.
- The demand for specialist provision commissioned for autistic people is outstripped by capacity.
- The number of pre-school and school aged children on the waiting list for autism assessments remains high. January 2020 data shows 172 pre-school aged children and 940 school aged children are on the waiting list for assessment (1,112 combined). In comparison to the start of 2019/20 (April 2019) there were 258 pre-school and 789 school age children waiting for an assessment (1,047 combined).
- Graphs showing this data can be found in Appendix 2.

### **7.2. Waiting times for diagnosis**

- In Coventry, pre-school aged children wait on average 78 weeks for an initial assessment, and school aged children wait on average 110 weeks.
- The NICE Quality Standard on autism states that the wait between referral and first diagnosis appointment should be no more than 3 months.<sup>9</sup> Research in 2018 from Rt Hon Norman Lamb MP and the All Party Parliamentary Group on Autism uncovered stark regional variation and long waits for autism diagnosis nationally, with many children waiting more than two years for diagnosis.<sup>10</sup>
- There is no national or local register of people with autism, so it is not known how many autistic people there are across Coventry, nor how much unmet need there may be for diagnosis in the population. Other areas with demand and capacity challenges have undertaken system flow modelling and found that increasing assessment capacity through significant additional investment in diagnosis has had no positive enduring impact on the waiting list and in fact is likely to have stimulated higher demand.
- Young people are being diagnosed with autism while inpatients in mental health hospitals. In February 2020, 20 young people from across the midlands were diagnosed in tier 4 CAMHS mental health inpatient facilities, with 2 of these young people being from Coventry and 5 from Warwickshire. A quality review of the diagnostic process being used

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<sup>9</sup> NICE Guideline: Autism spectrum disorder in under 19s: recognition, referral and diagnosis

<sup>10</sup> The All Party Parliamentary Group on Autism and Lamb, Norman (2018), The autism diagnosis crisis. London, UK.

in tier 4 hospital is being undertaken by NHS England, who commission the service, to determine the validity of the diagnosis.

- Locally, commissioners and CWPT have reviewed and implemented a number of different options to reduce waiting times. These include:
  - Streamlining the referral and assessment process. NHS Improvement have recently visited CWPT to review this process and the outcome is pending.
  - Increased pre-diagnostics support offer both with CWPT and education including screening children and young people and redirecting those who are unlikely to get a diagnosis.
  - Increased capacity for post diagnostic interventions through upskilling and training staff.
  - Additional investment, through St Andrews Hospital, to undertake diagnostic assessments to support the waiting list. Although there has been additional investment, the impact of this service has been restricted due to workforce issues, as highlighted in section 7.3.
- With all the above initiatives being implemented there has been no significant impact of the waiting list and waiting times, due increased demand (as highlighted in bullet 7.1).

### **7.3. Recruitment/ Workforce**

- There are known national workforce shortages in specialist roles relating to autism which makes recruitment into specialist teams a challenge. Even where additional investment has been given to an external provider (St Andrews) they are still experiencing the same workforce shortages and issues, which has an impact on the number of additional assessments which can be purchased from independent providers.
- The focus of any redesign of the neurodevelopmental diagnostic pathway therefore needs to be on building capacity and capability across existing services that work with children, to support and undertake diagnosis.
- There is a national shortage of Educational Psychologists, which has presented challenges to meeting demand for traded services from schools.

### **7.4. Early Intervention services**

- Uptake of the early intervention and assessment offer to families and school settings from Educational Psychologists and Higher Level Teaching Assistants (mentioned in bullet 6.5), delivered as part of the Neurodevelopmental Pathway, has had a slower uptake than anticipated.
- Where young people are open to CAMHS there is a need to improve the identification of needs related to autism and ensure the whole mental health offer from early intervention through to crisis is adjusted to account for the needs of people with autism (with or without a formal diagnosis).

## **8. What is working well?**

### **8.1. Joint All Age Autism Strategy**

- In recognition of the need to address the increased demand and waiting times for diagnosis within the current financial budget, the Coventry and Warwickshire Health and Care Partnership has developed a Joint All Age Autism Strategy, to ensure a co-ordinated response based on engagement with people and their families and evidence of what has worked elsewhere.
- National evidence and feedback from local people and their families show that there may be a perception that an autism diagnosis will resolve an individual's issues, however autistic people and families report that while a diagnosis helps them to understand themselves, the diagnosis itself does not improve their lives because their support and care needs are still present. There is no pharmacological intervention for people with

autism. Any planned investment in the diagnostic pathway to reduce the waiting list must therefore be considered in the context of the broader support and care needs of people with autism.

- Experience from other areas suggests waiting lists are most likely to be impacted through reducing demand for a diagnosis by improving access to support and services for people with needs related to autism without requiring a formal diagnosis. The most effective way to promote independence, reduce mental ill-health and maintain resilience is to give people with autism personalised, responsive information, advice and support to navigate the most significant challenges they have. These challenges include managing anxiety, coping with transitions, navigating services and support, improving relationships with others, understanding themselves and solving problems.
- Parents reported that services could be better at making adjustments to support their autistic children engage and access support, and professionals reported that they wanted to feel more confident and understand how they could be better at working with this group.
- Through this work this has enabled a more deeper understanding our local population data and needs of children and young people, within Coventry and Warwickshire, in particular having a good understanding of the contributing factors that lead to mental health hospital admissions, such as:
  - Having autism and no learning disability
  - Being out of school
  - Under identification of girls within autism in schools
  - Trauma and bullying
  - Complex family dynamics including parental mental health issues.

## 8.2. New Services for children pre and post diagnosis

8.3. Within the Autism Strategy outlined above there has been a significant amount of investment made to develop services to provide support pre and post diagnosis since 2018. These services are outlined below (there is currently only impact data available for two of the services):

- a) **Community outreach support for children, young people and families with autism**, led by Coventry and Warwickshire Mind was commissioned in November 2018. The support is provided within the home, a community setting or in school. The service delivers:
  - Targeted outreach community support to children, young people and families who are on the waiting list for an autism diagnosis. This may include focused and practical support to the child and their family around sensory integration and processing, behaviour, boundaries and routines, understanding and communicating feelings, managing relationships, eating and sleeping.
  - Provision of 1:1, paired or small group support to children and young people with a diagnosis of autism but who do not meet social care or Child and Adolescent Mental Health Services (CAMHS) criteria or where the school has not commissioned specific support as behaviours are mostly exhibited at home.
  - Parent coaching with development of a network for peer to peer support.
- b) **Education provide support in the early years allows children with complex communication needs to be identified early**. There is good partnership working between Early Years Education Practitioners and professionals from CWPT.

- Evaluative data indicates that traded services are highly valued by families and settings. Demand for these services is high
  - Early Intervention Support has led to around a quarter of the families who have received this support making the decision not to proceed to a diagnostic assessment for AS
  - There are strong partnerships between the Local Authority and Specialist Providers.
- c) **Specialist interventions for young people (pre and post diagnosis) who have been out of school for over 10 weeks** as part of the Extended Non-Attendance in Schools pilot project, led by Education.
- Three schools in Coventry have engaged in the pilot. The objectives of the pathway are:
    - To promote positive mental health and deliver early intervention when people first experience mental health difficulties.
    - To maximise school attendance of children with mental health needs.
    - To build resilience of young people who have stopped attending school.
    - To help more young people re-engage with education following a period of absence due to poor mental health.
  - The pathway supports young people through three cycles of support of increasing intensity:
    - Cycle one provides a quick response for young people who have been out of school for ten days or more over a period of three weeks.
    - Cycle two provides specialist support to the young person and their family and prepares the way for more intensive support. This includes support for families and schools in understanding the needs of the autistic young person, specialist occupational therapy support and interventions, educational psychology and complex communication specialist interventions.
    - Cycle three includes support available through statutory processes including EHC plans.

8.4. **Autism awareness training for the children's workforce** was commissioned in 2018 for professionals working with or supporting children and young people with autism or potential pre-diagnosis complex social communication needs across Coventry. The training was oversubscribed and attended by 407 individuals working across health, social care, education and the voluntary sector. The training was well evaluated in terms of usefulness and impact. 95% of follow up survey respondents stated that the training had helped them in their daily work place to be more autism aware and to implement adjustments to their practice.

#### 8.5. **Support to children at risk of mental health hospital admission**

- a) **The Introduction of a children's Intensive support team (IST) for children with autism or learning disabilities** in 2018, initially for two years, has had a positive impact on preventing young people being admitted to mental health hospitals
- There is evidence that the intensive support service has improved outcomes for young people and families who have accessed the service, including avoiding hospital admission, maintaining young people in the home and improving engagement with education. This reduction in inpatients is partly due to the impact of the intensive support team and also to improved identification of young people at risk of admission to hospital and multi-agency working including care education and



treatment reviews. During the course of the pilot, phase 1 of the CAMHS tier 3.5 service was mobilised increasing the capacity of the Acute Liaison Team, which is also a contributory factor.

- Another two years funding has been agreed for the service.

**b) Dynamic register of young people at risk of mental health hospital admission:**

- Children and young people who are under the transforming care partnership and who are at risk of being admitted to a tier 4 bed are considered at a monthly operational group, which consists of health, social care and education. This meeting is attended by partner agencies and provides an effective forum to consider the needs of children and young people to ensure they are receiving appropriate services and support in the community, to prevent the need for them to be admitted to hospital or to facilitate their discharge.

**c) Care Education and Treatment Reviews (CETRs)**

- CETRs are a well-established, multi-agency decision making panel to ensure a child's care and support needs are being met, for those who are at risk of admission, or who are already admitted into a specialist hospital.

## **8.6. Joint Commissioning**

- In accordance with national policies and legislation, integrated commissioning arrangements exist for adults and children with autism or learning disabilities for Coventry and Warwickshire.
- A joint Coventry and Warwickshire integrated commissioning function has included children with SEND within scope since July 2019 and has strengthened existing joint commissioning arrangements for children with SEND in Coventry. The integrated commissioning arrangements enable a specific focus on autism which is coordinated across health and care commissioners for Coventry and Warwickshire.

## **9. What are the next steps?**

- 9.1. The Joint All Age Autism Strategy will be published in spring 2020 with associated delivery plans for Coventry and Warwickshire.
- 9.2. Revision of the early intervention component of the Neurodevelopmental Pathway (mentioned in bullet 7.6) to include family clinics (this will provide direct access for families on the pathway to specialist SEND expertise).
- 9.3. A review is underway with a view to re-design the assessment and diagnosis of autism process to enable children and young people to be diagnosed within a wider range of services, with the potential to include; Paediatrics, Psychiatry, and Educational Psychologists. This evidence based practice will require training of the wider workforce and redesign of existing services.
- 9.4. To explore the potential to increase capacity to diagnose through an online platform based service.
- 9.5. The Extended Non-Attendance at School pilot will be evaluated in summer 2020 to understand effectiveness of the approach and associated recommendations for spreading across all schools.
- 9.6. The community outreach service, delivered by CW MIND, will be evaluated in summer 2020 to understand effectiveness of the services, alongside service impact.

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## Appendix 1

Support	Description	Service / Provision	Detail of Service offer
School Support	Support School are able to access	Dimensions Tool	<ul style="list-style-type: none"> <li>Free online mental health self-assessment tool developed by CWPT for professionals/parents to complete with a child.</li> <li>Involves a number of questions which are rated to indicate how the child or young person is feeling.</li> <li>The tool analyses the responses, and provides a report of the submitted answers for a professional/parent to use in supporting a child's mental health where necessary.</li> <li>Depending on the young person's score, the tool may signpost on to relevant services.</li> </ul>
		Information and Advice (FAQs)	<ul style="list-style-type: none"> <li>Frequently Ask Questions (FAQs) have been developed in partnership with CWPT and the CCG to provide parents / carers / schools with information and advice</li> </ul>
		Extended non-attendance at School (ENAS) - Pilot	<ul style="list-style-type: none"> <li>Pilot project with a small number of schools across Coventry and Warwickshire</li> <li>Pilot is a 3 cycle process: <ul style="list-style-type: none"> <li>✓ Cycle one provides a quick response for young people who have been out of school</li> <li>✓ Cycle two provides specialist support for children and young people, families and schools in understanding the needs of the autism through specialist occupational therapy support and interventions, educational psychology and complex communication specialist interventions.</li> <li>✓ Cycle three includes support available through statutory processes including EHC plans</li> </ul> </li> </ul>
		Traded Service offer	<ul style="list-style-type: none"> <li>Offer to schools which consist of specialist teachers, educational psychologists and higher level teaching assistants (HLTAs) to address individual, group and whole-school needs.</li> <li>Schools are required to buy in this offer (traded).</li> </ul>
		Early intervention and assessment offer	<ul style="list-style-type: none"> <li>Offer to families and school settings from Educational Psychologists and higher level teaching assistants (HLTAs) to address individual, group and whole-school needs.</li> </ul>
		Specialist Education Provision	<ul style="list-style-type: none"> <li>Service is available at 2 Enhance Resource Bases (attached to Aldermore Farm and Alderman's Green Primary Schools) a Special School for children with complex communication needs (The Corley Centre) and a range of broad-spectrum provision.</li> </ul>
Pre and post Diagnostic Support	Support available to those children on the ASC waiting list	GPs	<ul style="list-style-type: none"> <li>Support children and young people and their families to complete the Dimensions tool.</li> <li>Signpost children and young people onto appropriate services such as CAMHS to support their wellbeing.</li> </ul>
		VIBES	<ul style="list-style-type: none"> <li>A service provided by CW Mind that provides: <ul style="list-style-type: none"> <li>✓ Support for children and young people with Autistic Spectrum Condition (ASC)</li> <li>✓ Helps develop confidence, social skills, self-esteem and understanding of their own emotional health</li> </ul> </li> </ul>
		Community Outreach support	<p>A service provided by CW Mind that provides</p> <ul style="list-style-type: none"> <li>Targeted outreach community support to children, young people and families who are on the waiting list for an autism diagnosis.</li> <li>Focused and practical support to the child and their family around sensory integration and processing, behaviour, boundaries and routines, understanding and communicating feelings,</li> </ul>

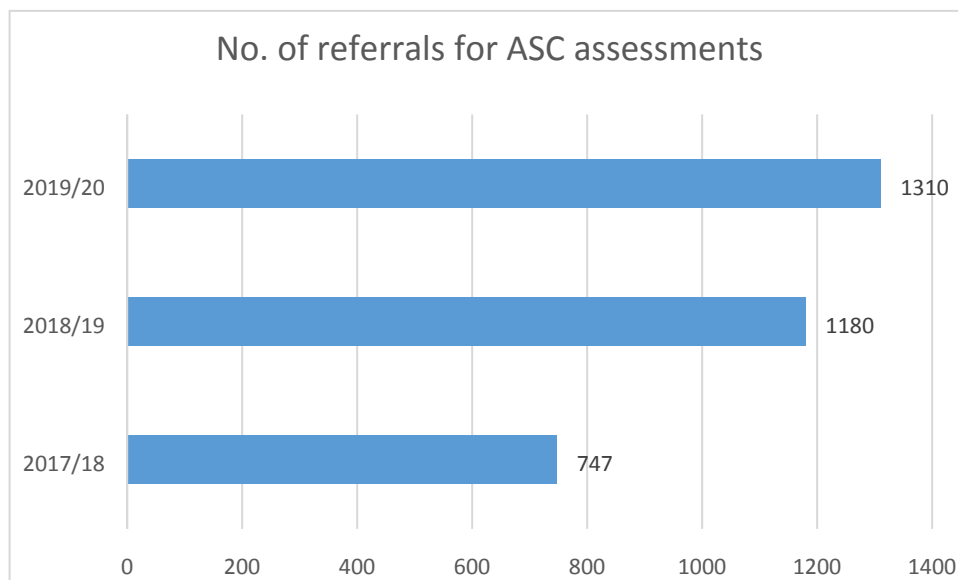
			<p>managing relationships, eating and sleeping. This could be provided within the home, a community setting or school.</p> <ul style="list-style-type: none"> <li>• 1:1, paired or small group support to children and young people with a diagnosis of autism.</li> <li>• Parent coaching with development of a network for peer to peer support</li> </ul>
		Website	<ul style="list-style-type: none"> <li>• Coventry and Warwickshire RISE website <a href="https://cwrise.com/parent-and-carer-resources">https://cwrise.com/parent-and-carer-resources</a> provides a lot of useful information and resources available pre-assessment and post diagnostic</li> </ul>
		Neurodevelopmental service	<p>A service provided by CWPT that provides0</p> <ul style="list-style-type: none"> <li>• Online information sessions for parents and carers, whilst waiting or following a diagnosis</li> <li>• Post diagnostic education sessions for parents / carers and/or child groups to provide support around understanding neurodevelopmental disorders.</li> </ul>
		Intensive Support Service	<ul style="list-style-type: none"> <li>• Assessment, treatment and support for individuals who display behaviour that challenges</li> <li>• Provision of support, and person specific training for other agencies supporting those individuals</li> <li>• Coordination of transitions from inpatient and other settings</li> <li>• Autistic young people in mental health crisis are referred to the intensive support service where appropriate for further intervention and support.</li> </ul>

## **Appendix 2**

Table 1: Summary of key data broken down into Pre-School and School aged children

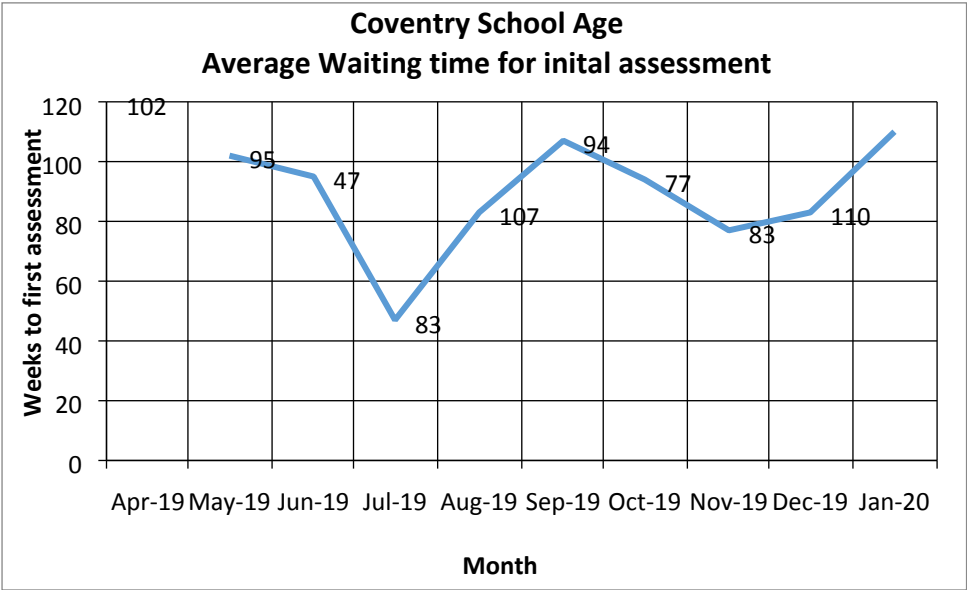
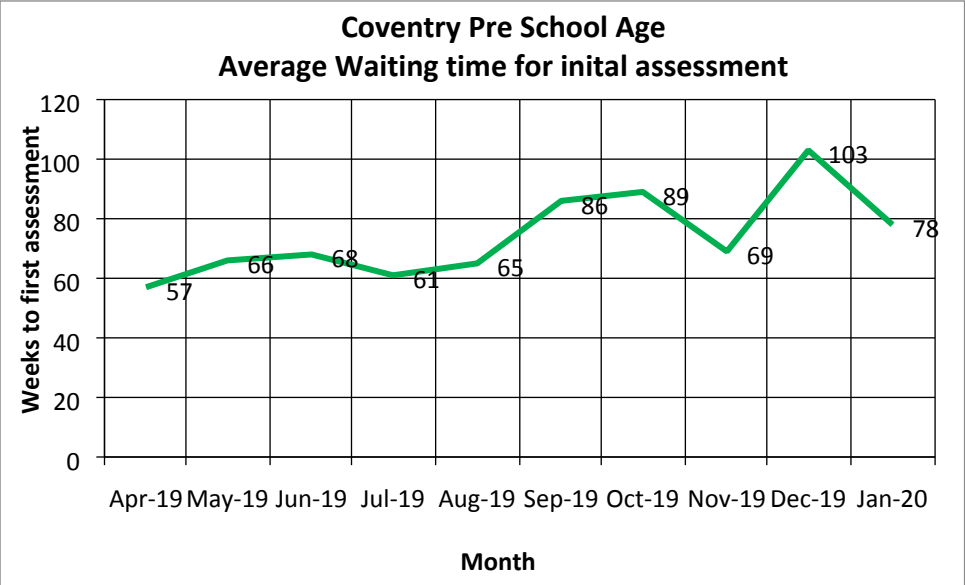
<b>Coventry Pre School</b>		<b>Coventry School Age</b>	
Patients on Waiting List	172	Patients on Waiting List	940
Average waiting time for patients seen in month	78 weeks	Average waiting time for patients seen in month	110 weeks
Average Waiting Time of patients on the waiting list	36 weeks	Average Waiting Time of patients on the waiting list	56 weeks
Longest Waiting Time of patients on the waiting list	123 weeks	Longest Waiting Time of patients on the waiting list	221 weeks

Graph 1: Total number of ASC referrals made



The data for 2019/20 is not full year affect (April 2019 – January 2020)

Graph 2: Average waiting time for initial assessments broken down into Pre-School and School aged children



Graph 3: Number of children on the waiting list for assessment broken down by Pre-School and School aged children:

