

# Autism Self Evaluation

4. Is Autism included in the local JSNA?

○ Red ○ Amber ○ Green

Local authori	ty area			i. 2)			ř.
How many Clinic Autism Strategy in	al Commission	ing Groups do	o you need	to work with t	o implement	the Adult	
3		· 22				e.	
Comment	, .		9 9				
We are currently working Commissioning group es	with Haringey Clinic pecially around the	cal Commissioning needs of non-LD o	g Group, Barnet clients with autis	Clinical Commiss m. This allows us	sioning Group and to share resourc	d Enfield es	
2. Are you working $\bigotimes$ Yes	with other local	l authorities to	implement	part or all of	the priorities	of the strateg	ју?
No	•					(4)	
If yes, how are you do	oing this?						
There is a tri-borough wo collaboratively on this are	rking group with Ent	field and Barnet - i	i <b>n</b> itial discussion	ns have taken plac	ce to date in term	s of working more	>
					33	- nc - e	
Planning		V.			7° W		
3. Do you have a na with autism?	amed joint com	missioner/ser	nior manage	r of responsi	ble for service	es for adults	
			126				
If yes, what are their re	esponsibilities ar	nd who do they	report to? Pl	ease provide t	heir name and	contact details	S.
Tristan Brice - Adult Com CHC eligible clients regist Boards	missioning Manager	(LD, MH & CHC)	- responsibilitie	s include commis	sionina of service	s for LD. MH and	1
*Peter White Commission	ing Manager for Add	ult Social Care, re	porting to the A	ssistant Director f	or Adult Social Ca	are.	
At present, there is not a research to re-establish the	robust process for e	ngagement with the Board.	nose with autism	n and family mem	bers and carers.	Locally we are	

8	$\epsilon$	,			
Comment		* 9			
See JSNA					
http://www.haringey.gov.uk/index/soci	ial_care_and_health/health/jsr	na/jsna-adults-and-ol	der-people/jsna-auti	ism.htm	
5. Have you started to collect $\bigotimes$ <i>Red</i>	data on people with a	diagnosis of au	ıtism?		
Amber Green					
Comment					
The JSNA has a chapter on autism. Ti	he data is better on people wit	th ASD in the LD sen	vice.		
Locally need to develop more robust n population.	nechanisms to ensure data is	captured systematica	ally and comprehens	sively across	s the
6. Do you collect data on the for social care (irrespective of	number of people with f whether they receive	a diagnosis of any)?	autism meeting	ı eligibility	/ criteria
) NO				1	150
If yes, what is					is.
the total number of people?					
-77			C 97		
the number who are also iden	tified as having a learr	ning disability?	2 2	ñ	
the number who are identified	as also having monto	I hoolth problem	200		
48	as also having mental	r neatur problen	IS?		
Comment			th.		
We have some data available since Ap	ril 2013 for all the new referra	als and since Novemb	ber 2012 for all trans	sition referra	ls.
We have set up a new single care path between a health and a social care prof autism screening assessment, risk asse appropriate and Health Equalities Fram	way of initial assessments. All fessional. All the assessments essment checklist. Those eliqi	I the new referrals to s would include estab	the service will have	e a joint asse	essment
We aim to complete all the transition as	sessment before the age of 1	6 years 6months with	າ transition plan to a	dult services	s in place.
7. Does your commissioning p	lan reflect local data a	nd needs of peo	ople with autisn	n?	188

If yes, how is this demonstrated?

The draft commissioning plan references the JSNA - available upon request

8. What data collection sources do	o vou use?			
Red	,			
( ) Red/Amber ⊗ Amber		t		
Amber/Green				. 0
( ) Green				
Comment				
Locally we have robust data on individual sel	rvice users with LD collecte	d from a range of sourc	es	S
We need to develop more robust processes				iisters).
9. Is your local Clinical Commissio Support Service) engaged in the p	oning Group or Clinic Danning and impleme	al Commissioning entation of the stra	Groups (includategy in your lo	ding the cal area?
⊗ Red ○ Amber				
Green			(2)	
Comment		•	37 85	
We are looking to re-establish the Autism Pai implementing the Autism Strategy.	rtnership Board as a means	s of ensuring collaboration	on across the borou	gh in
Joint commissioning and partnership develop people with learning disabilities. This is linked facilities in borough. This work supports the n	d to Winterbourne View prod	gramme of reviews and	repatriation to appn	ed housing for opriate care
We have developed a project with the Local A support provider market, who have been task the Vulnerable Adults Team for assessment a collected on people who present with an Autis Access to Care Services criteria.	red with including an Autisti and referral into housing rel	c Assessment tool in all ated support funded pro	assessments of per ovision. This will en	ople presenting to
The LA and CCG have been working closely of October 2013. Both organisations are commit Q5)	on developing Section 75 a tted to then focussing on im	greement for integrated plementing the autism :	LD services. This wastrategy over the ne	vill be signed off i xt year (refer to
10. How have you and your nartha	vo opose ved ve evde	ter er' tal		E:
10. How have you and your partner  ⊗ Red Amber	rs engaged people v	viin autism and the	eir carers in pla	inning?
Green				
Please give an example to demonstrate	≥ vour score.			
We do not have robust mechanisms for autism Board.		a. Our first priority is to re	e-establish the Autis	sm Partnership
11. Have reasonable adjustments b	neen made to every	lav sarvicas to im	arovo acooco d	nd aumnort
for people with autism?	in the section of the	ay services to IIII	JOVE ACCESS A	na sabbout
Red				
⟨ Amber Green				
<u> </u>	(3)	W. II		
X		25		

Please give an example.

The Autism project developed with and between Adult Social Care, Housing Related Support Commissioning and the non-statutory provider market in Haringey will through screening for Autism increase priority access to preventative services like supported and sheltered housing and community interventions linked to the Criminal Justice System, homelessness and substance misuse.

12. Do you have a services?	Transition prod	cess in place	from Childr	en's socia	service	s to Adu	It social	
Yes No							s	
lf yes, please give bri any restrictions on w	ef details of whe	ther this is aut	omatic or red	quires a pa	rental req	uest, the	mechani	sm and
Young people (14 years be eligible to access adu panel that reviews, and p a range of disciplines bas process is dependent on	ut services. A dedic plans for children fro sed in children's sei	ated transition tea om 14 onwards to rvices, inducing ed	m is based witl ensure their tra ducation and lo	nin the local a Insition plann	iuthority, an ina beains	nd there is a early Tran	a dedicated sition is su	d transition
13. Does your plan	ning consider t	he particular	needs of ol	der people	e with Au	ıtism?		
	- W							
Amber Green		•				* 1		e.
**		• •	•		9			•
Comment .								
All the new referrals to the services needs to be und	e service are asses ertaken.	sed jointly by hea	lth and social c	are professio	nals. Traini	ng within g	eneric olde	r people
Training	10 20 20	. 20						
1.4. 1.1		3 I					,	
14. Have you got a	multi-agency a	tutism training	g plan?	•				
Yes No								
15. Is autism aware	ness training h	eina/heen ma	ade availah	la to all et	off worki	na in ha	olth and	cocial
care?		on groot me			ali MOIVII	ig in nea	טווה וווג	Social
Red				, •				
Amber						27		
Green								
Comment: Specify who lave a role as trainers	ether Self-Advoc	cates with autis	m are includ	ed in the d	esign of to	raining ar	nd/or whe	ether they
We have a training plan d						11100	n = 100 0	
		•	_					

We have incorporated autism screening as part of all the assessments. Autism related training was provided by local authority for all the staff from community team. There is autism training available for all the provider staff.

To bring our autism care pathway in line with NICE guidelines, we are currently rolling out training in Autism Diagnostic assessment using ADOS.

16. Is specific training being/b make adjustments in their app	een provided to soroach and comm	taff that carry οι unication?	it statutory a	ssessments	on how to
Red Amber Green	w is				
Comments		J			ž.
Communication training available and population and is also relevant for autis	provided by Speech and om specific communicati	l Language Therapistions.	s. It covers gene	ral communicat	ion issues in LD
17. Have Clinical Commission and are general practitioners a Yes No	iing Group(s) beei and primary care լ	n involved in the practitioners eng	developmer aged include	nt of workfor ed in the tra	ce planning ining agenda?
Please comment further on any d	evelopments and ch	allenges.			
Consultant psychiatrist, consultant nurs		_	programme deli	vered to GPs fo	r the LD DES.
18. Have local Criminal Justice  Yes  No	e services engage	ed in the training	agenda?		. 6
Please comment further on any de This area will be progressed over the co	oming <b>y</b> ear.				Đội các các các các các các các các các cá
19. Have you got an established	ed local diagnostic	pathway?		e <sup>9</sup> – 6	1.6
Red Amber Green					2
Please provide further comment.					20
We have diagnostic pathways based on care plans.	NICE guidelines for the	ose with autism and le	earning disabi <b>li</b> tie	es and lead to a	multidisciplinary
Currently we use SLAM as the assessment centre following the results	nent centre. We have as of a local autism asses	ked our local MH Tru sment pilot project.	st to provide a bi	usiness case fo	r a local autism
20. If you have got an establish	hed local diagnost	ic pathway, whe	en was the pa	athway put i	n place?
Month (Numerical, e.g. Januar	y 01)	31 36		,	a sag
Year (Four figures, e.g. 2013)					
2012					
2012	• w ·				

#### Comment

The service went live in November 2012 for LD transition services and April 2013 for LD services.

We (in collaboration with Barnet and Enfield) ran a pilot local diagnostic pathway from April 2012 - January 2013. 13 people assessed the service from across the three boroughs.

21. How long is the average wait for referral to diagnostic services? Please report the total number of weeks

10

#### Comment

We are currently looking to commission a local based service for non LD autism.

22. How many people have completed the pathway in the last year?

2

#### Comment

We have started capturing this data from April 2013 for those with LD where autism care pathway is established

23. Has the local Clinical Commissioning Group(s)/support services taken the lead in developing the pathway?

⊗ Yes ○ No

#### Comment

Haringey has taken the lead (working with Barnet and Enfield CCGs) in liaising with BEH-MHT at developing a local assessment clinic.

24. How would you describe the local diagnostic pathway, ie Integrated with mainstream statutory services with a specialist awareness of autism for diagnosis or a specialist autism specific service?

a. Integrated with mainstream statutory services with a specialist awareness of autism for diagnosis b. Specialist autism specific service

### Please comment further

At present it is a specialist service. We are aiming to deliver training to generic services so that they can support clients effectively

25. In your local diagnostic path does a diagnosis of autism automatically trigger an offer of a Community Care Assessment?

◯ Yes ⋈ No

Please comment, i.e. if not who receives notification from diagnosticians when someone has received a diagnosis?

The GP receives the notification for those diagnosed with autism that are not eligible for LD services. This should be resolved with the establishment of a local diagnostic service for this cohort.

This is not an issue for those who meet the eligibility criteria for LD services.

26. What post-diagnostic support (in a wider personalisation perspective, not just assuming statutory services), is available to people diagnosed?

Advice and Information

### Care and support

- 27. Of those adults who were assessed as being eligible for adult social care services and are in receipt of a personal care budget, how many people have a diagnosis of Autism both with a co-occurring learning disability and without?
- a. Number of adults assessed as being eligible for adult social care services and in receipt of a personal budget
- b. Number of those reported in 27a. who have a diagnosis of Autism but not learning disability
- c. Number of those reported in 27a. who have both a diagnosis of Autism AND Learning Disability

#### Comment

Haringey Learning Disability Partnership is currently working on a systematic way of recording this information on our social services and health service user database. Currently it is difficult to ascertain an accurate total number of adults with autistic spectrum condition in the Borough as this would include adults who are not eligible for a service from the local authority under FACs criteria. Some adults on the autistic spectrum would also not be eligible for a service from the Learning Disabilities Partnership (combined health and social care team) in Haringey and may be known to the mainstream adult services. The historic information cannot currently be made available without extensive officer time to glean the information from individual health and social care records

28. Do you have	a single identifiable con	ntact point where p	eople with	autism whether o	r not in receip
of statutory service	ces can get information	signposting autism	η-friendly ε	entry points for a v	vide range of
local services?			,	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	vide range of
◯ Yes ♦♦ No					
⊗ No					

If yes, please give details

Not at present

The Integrated Access Team has been set up in Haringey Council to provide: \* A first point of contact for new users of Adult Social Care services, their carers and families \* A simple screening process aimed at resolving local resident's social care needs as quickly as possible \* Where needs are more complex, speedy referral to the most appropriate Service Team \* Better information and advice on a range of services and activities locally \* Help, through signposting, to find advice and support outside of the Council

29. Do you have a recogn	ised pathv	vay for p	eople with a	utism but withou	ut a learning d	isability to
access a community care	assessme	ent and o	ther support	?	J .	
○ Yes ⊗ No	*		1 1		,	
⊗ No						

If yes, please give details

This area will be developed over the coming year

·	
30. Do you have a programme in place to ensure that all advocates working with people with autis have training in their specific requirements?	sm
Amber  Green	ń
Comment	
See Q33 for list of services	
31. Do adults with autism who could not otherwise meaningfully participate in needs assessments care and support planning, appeals, reviews, or safeguarding processes have access to an advocate?	1.
Red Amber	
Green	
Comment	
See Q33 for list of services	
Clients have access to advocacy and the voluntary sector who will support them with support planning, reviews and safeguarding.	,
32. Can people with autism access support if they are non Fair Access Criteria eligible or not eligible for statutory services?	ole
∀es     No     No	
Provide an example of the type of support that is available in your area.	
See Q33 for list of services	
We commission a number of services that are available to both people who are eligible under care access to services and those we may not be entitled and self funders.	/ho
33. How would you appear the level of information about 1.	
33. How would you assess the level of information about local support in your area being accessib to people with autism?	le
○ Red	
Amber Section 1997	
Green	
Comment	
The Council fund through personal budgets/social care budget through fees to private and voluntary providers and autistic specific services that are commissioned include the following:	:
* Haringey Learning Disabilities Partnership supports patients and carers with ASC through a range of interventions.  * Area 51 (external link) - Further education opportunities for people with ASC.	
* Edward Marcus (external link) - supported living and residential accommodation for people ASC * Residential and day opportunities for people with ASC Hoffmann Foundation - Autism Hub	
* Liza Dresner and Dom Fisher - information support and advice for people with ASC. Resources for autism	
* Email: liza@resourcesforautism.org.uk	
* TreeHouse - the national charity for autism education-educational provision for children/ young people with ASC	

## **Housing & Accommodation**

34. Does your local hous  Red Amber	sing strategy s	pecifically id	entify Autisr	n?		
Green			0.00	2 -		
Comment		. 6				
http://www.haringey.gov.uk/inde	ex/housing_and_pla	anning/housing/h	ousin <b>g</b> strategy/	housing_strategy.htn	7	
Employment	· . & ·		9	9		
35. How have you promo	oted in vour ar	ea the emplo	vment of ne	eople on the Aut	istic Spectrum?	
Red Amber Green				sopie on the rig	asio opecialir:	es ii
Comment		<b>3</b>				
Utilising the services identified in	n Q33					
36. Do transition process  Red Amber Green	ses to adult se	rvices have a	an employm	ent focus?	127. <sup>27</sup>	
Comment						
Young people referred for adult this process as is education and	care are screened training needs.	as indicated in qu	uestion 12 using	g an eligibility screen	ng tool. Employment i	s part o
As part of transition from childhothey might need. Haringey Couyoung adults with learning into which support people into work. number of schemes such as Wophysical disabilities) as well as Sand support network which also	incil provide a rang rork. For example The Council also rky Worky scheme Spotless (a social e	e of services bota there are regula refer young adula (an employment nterprise which e	h directly and in r groups which i ts to Haringey A agency for peo mploys people	directly through pers young adults attend i Association for Indepe ple with autism, lean with learning disabili	onal budgets to suppo in our in house day cel endent Living who hav ning disabilities and/or	ort for ntres e a
Criminal Justice Sv	/stem (C IS	i)				

37. Are the CJS engaging with you as a key partner in your planning for adults with autism?

⊗ Red¹

Amber

Green

#### Comment

More robust mechanisms are required for integrating the CJS within the autism pathway.

Currently, the CCG commission Catch 22 (voluntary organisation) to support vulnerable adults who come into contact with the CJS. When an arrested person is brought into a police station they are asked questions about their health issues....'do you have any mental health or learning difficulty issues, are you on any form of medication' etc. This of course is done before Catch 22 would arrive, then a FME (police doctor) would be called to examine the person to determine state of mind, any issues or problems they feel they may need to relay to the FME. In some cases a Mental Health assessment team may be required to examine the person.

Catch 22 would therefore see clients with autism as part of their work.

### Optional Self-advocate stories

#### Self-advocate stories.

Up to 5 stories may be added. These need to be less than 2000 characters. In the first box, indicate the Question Number(s) of the points they illustrate (may be more than one. In the comment box provide the story.

#### Self-advocate story one

Question number

31

#### Comment

A is a 40 year old male with a diagnosis of autism and severe short-term memory loss. He also cannot read or understand documents. He has been unhappy with the voluntary organisation who are contracted to provide his day to day care on 3 days a week. This should include doing some housework, opening and reading correspondence and ensuring that any signs of stress or mental illness are addressed. He also has family in another part of the country who want to move him to their house and claim carers allowance.

A also attends an art and drama class and has made friends there. He finds it difficult to go to his art class when he has to wait in for the carer, who can come at any time during the course of a day. One of his friends is worried about him and approaches an Advocate. It is established that the carer told A he was going to be evicted from his flat. The advocate contacts his landlord whilst A is present and establishes that there are no plans to evict A.

The advocate also requests a meeting between A's care provider, care co-ordinator and the advocate at which A confirms that he is not happy with his care provider. They restrict his life by expecting him to wait in. They don't explain what letters and bills are about and they blame him when tenants in his block make complaints.

He is very stressed and it is agreed that a personal budget will be obtained with which to obtain a care provider who will be able to meet A's individual needs. It also emerges that A worked for a large supermarket for 9 years. It is agreed that suitable adult literacy classes should be included in the care plan as he expresses a desire to go back to work which he enjoyed.

#### Self-advocate story two

Question number

11

#### Comment

What is a rewarding and fulfilling life for someone with autism? G is a 19 year-old mixed race male with a diagnosis of asperger's and ADHD who was placed in several schools or residential establishments before adulthood. His mother is his carer, however he has had to move out of the family home because she and his brother cannot cope with his challenging behaviour. G is also having problems because when he is in public places people mistake his ADHD for aggression and this brings him into contact with the Police.

Since reaching the age of 18 he has been placed in a bedsit in a part of London he does not know and has to walk everywhere as he has no money for fares. This has also meant that he has become prey to a post-code gang who regard him as trespassing on "their Manor".

An MHSA Advocate worked closely with this young man and his GP, first of all to obtain a Disabled Person's Freedom Pass so he doesn't have to walk everywhere. This also enables him to keep in touch with his family. We also argued on his behalf for a move to supported living in an area where he will not be vulnerable to gangs. We have also found a course at college for him to do.

The local Police Community Safety Team were also approached so that if G is agitated in public and the Police are involved a flag on the system indicates his diagnosis and that he is vulnerable - not a criminal. G's mother has noticed that since the intervention by the advocacy service G is much happier and hasn't been in trouble with the Police. G says it's fantastic being able to travel to college without being victimised, and he hopes one day to find a fulfilling job.

Self-advocate story three

Question number

26

#### Comment

Resources for Autism provide an evening group in Haringey for higher need adults.

All RfA services focus on relationship building (we only use our own staff and have a key worker system) and on making sure we meet any sensory and communication needs.

An example is TH who is 20 with very high needs. He has been excluded from a range of services due to his behaviour and has had a large turnover of carers. He successfully attended RfA play and youth provision and his parents requested that he transition into our adult group.

We undertake as many home visits as necessary to gain a picture of an individual's likes and dislikes and any triggers as well indentifying preferred communication methods. We try to create 2 or three 'goals' for each participant and these are reviewed at the end of every session by the key worker to ensure we are meeting the individuals needs. With TH the goal was to help him to have more appropriate interactions, to see a reduction in aggressive behaviour and to enable him to remain focused on an activity for 2 minutes. Over the past year we have seen incidents involving TH reduce from at least 3 a session to almost none and there have been no attacks on other service users for the past year. Recently his key worker reported him focusing for 10 minutes on a chosen activity, far above our original goal. In addition TH has now joined a second group with us which is a 12 week horticulture project and this is his third week and it has been extremely successful. We will develop the goals with him to include him participating in other groups and continue to work on his ability to focus happily.

RfA services are individually tailored to meet the needs of each of our users.

Self-advocate story four.

Question number

35

#### Comment

J who is 19 and had hardly left his room for 2 years. Initially we worked with him at home and linked him to a support worker to help him leave the house and travel without too much anxiety. His support worker went with him to the confidence group for the first few weeks. J really enjoyed the group and meeting others who had similar difficulties. He is keen to work eventually but was terrified of the prospect having been badly bullied at school and because he understands that other people find him 'odd'. He expressed a wish to volunteer in a small friendly office base working with some form of design.

We were able to offer him some work in our office creating staff ID cards and labels for collecting tins. He loved this work and found the office environment friendly and welcoming. He is now doing similar work for another local charity with weekly phone calls with his support worker and he attends the confidence group independently, travelling by himself. Although we do not say that this is a step towards paid employment as this can be very hard to find it clearly puts J in a much better position to gain paid work as time goes on and his confidence and social skills grow.

Self-advocate story five

Question number

Comment

This marks the end of principal data collection.

Can you confirm that the two requirements for the process to be complete have been met?

a. Have you inspected the pdf output to	ensure that the answers recorded on the system match what you
intended to enter?	,
∀es	

b. Has the response for your Local Authority area been agreed by the Autism Partnership Board or equivalent group, and the ratings validated by people who have autism, as requested in the ministerial letter of 5th August 2013?

X Yes

The data set used for report-writing purposes will be taken from the system on 30th September 2013.

The data fill will remain open after that for two reasons:

- 1. to allow entry of the dates on which Health and Well Being Boards discuss the submission and
- 2. to allow modifications arising from this discussion to be made to RAG rated or yes/no questions.

Please note modifications to comment text or additional stories entered after this point will not be used in the final report.

What was the date of the meeting of the Health and Well Being Board that this was discussed?

Please enter in the following format: 01/01/2014 for the 1st January 2014.

Day

7

Month

1

Year

2014