

SEND Steering Group

26.04.2017

Agenda

1. Introductions
2. News and Policies – 20 min
3. Inspection Readiness – 5 min
4. Autism Needs Analysis (Fran) – 25 min
5. Language Development and Intervention (Liz) – 40 min
6. Language and Autism Team Successes (Janeta) – 30 min
7. AOB

News

- LO Updates
 - Intervention for CYP with Autism
 - Meeting Medical Needs in Schools
- SEND Commissioning Strategy Ratified
- Therapies Review Started
- Accessibility Strategy in Draft

Commissioning Strategy

- Play a game:
 - Find the code for actions linked to Personal Budgets!
 - Find the code for actions linked to Accessibility!
 - Find the code for actions linked to Therapies!

CQC Inspection Readiness

- Please see handout
- How do we identify?
- How do we meet needs?
- How do we improve outcomes for CYP with SEND?
- Visits to 12 settings
- Parent Groups (webinar and/or workshops)
- 1 Weeks Notice – send an email to parents circulation list and Markfield/Barnados

Autism Needs Assessment

Fran Bury

Public Health

Haringey Council

Introduction to public health

- Public Health as a discipline dates back to the sanitary and housing reforms of the 19th Century
- Looking at health from a population rather than an individual perspective
- Public Health function has moved between local authorities and the NHS – last change was in 2013
- We are now based within the Council, sitting within “People Services” alongside Adults’ Services and Children’s Services
- Main roles for public health teams:
 - **Health improvement**
 - Supporting communities to improve their health, interventions at individual, community and national levels, broader determinants of health, health inequalities, surveillance and monitoring of specific diseases and risk factors
 - **Improving services / health care**
 - Clinical effectiveness, efficiency, service planning, audit and evaluation, equity
 - **Health protection**
 - Infectious diseases, chemicals and poisons, radiation, environmental health hazards, emergency planning & business continuity, health, safety and wellbeing.

Why do we do needs assessments?

- One of the core functions of public health teams is to undertake **health needs assessments**. These:
 - Identify priority areas of health need in the population
 - Bring together a range of data sources to define the need:
 - Service data
 - Population data
 - Qualitative data
 - National and academic research
 - Attempt to assess which needs are being effectively met, and where there continue to be gaps
 - Develop recommendations
- The recommendations from needs assessments are fed into the commissioning cycle.
- This needs assessment was initiated by the **Haringey Autism Partnership Board** which felt there was a lack of understanding of the needs of local people with autism. The Board asked Public Health to provide a needs assessment.



Courtesy of The NHS Information Centre for health and social care. Full diagram available at: www.ic.nhs.uk/commissioning

<http://commissioning.libraryservices.nhs.uk/wp-content/uploads/2013/05/NHScommissioning1.jpg>

Definition of autism

Autism is a **lifelong developmental disability** that affects how people perceive the world and interact with others.

Autistic people see, hear and feel the world differently to other people. If you are autistic, you are autistic for life; autism is not an illness or disease and cannot be 'cured'

Autism is a **spectrum condition**. All autistic people share certain difficulties, but being autistic will affect them in different ways. Some autistic people also have learning disabilities, mental health issues or other conditions, meaning people need different levels of support. All people on the autism spectrum can learn and develop and with the right support be helped to live a fulfilling life of their own choosing.

The characteristics of autism vary from one person to another, but in order for a **diagnosis** to be made, a person will usually be assessed as having had persistent difficulties with:

- Social communication,
- Social interaction and;
- Restricted and repetitive patterns of behaviours, activities or interests since early childhood, to the extent that these "limit and impair everyday functioning".

In this needs assessment, the term "autism" is used to refer to all parts of the spectrum. The phrase "people with autism" is also used, although we recognise that this will not be everyone's preferred terminology.

National picture - prevalence

- Autism is believed to affect approximately **1 in 100** people in the UK
 - Leo Kanner's original conception of the condition in the 1940s emphasised its rarity, and it was estimated to affect only 2-4 per 10,000 of the population [1]
 - Since then, our understanding of autism has developed, with changes to diagnostic criteria and the incorporation of other parts of the spectrum, including that described by Hans Asperger in the 1940s.
 - The definition of autism has broadened and diagnosis rates have increased significantly, with some estimates of population prevalence as high as 1.5% [2]
 - There is disagreement about the cause of this increase; whilst it could be explained solely through changes to diagnostic criteria and improved awareness and detection, some have suggested that actual prevalence may also have increased in this period.
- It is estimated that autism is between 4 and 9 times more common in men than women [3]:
 - However, there is increasing recognition that women are often misdiagnosed or missed due to different presentation and stereotypes about autism [4]
- Autism affects **all ethnic and socio-economic groups**
- It is estimated that around half of people with autism have a **learning disability** (IQ below 70), and around half do not:
 - A review undertaken in 2010 found substantial differences in estimates between different studies, and settled on a lower estimate of 40% and a higher estimate of 67% for its modeling [5]
- The most **common co-morbidities** for people with autism are mental health conditions; although different studies have calculated different figures, up to 70% of people with autism also meet the diagnostic criteria for at least one other psychiatric disorder [6]

[1] Wing, L., Potter, D (2002) The Epidemiology of autistic spectrum disorders: is the prevalence rising? *Developmental Disorders Research Reviews* 8:3 pp51–161

[2] Baron-Cohen et al. (2009) Prevalence of autism-spectrum conditions: UK school-based population study. *British Journal of Psychiatry*, 194 (6) pp 500-509

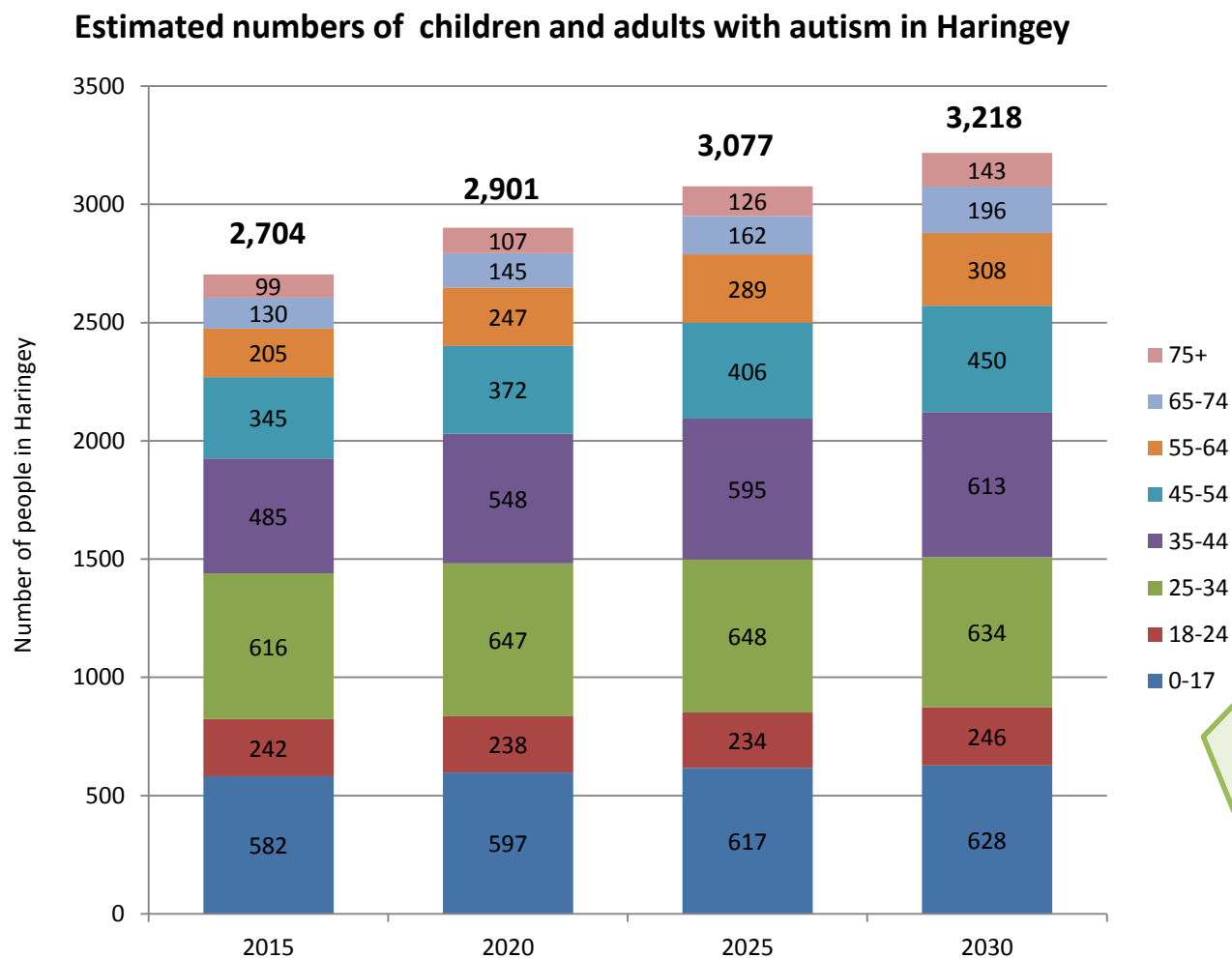
[3] 4 times: NICE Guidance <https://www.nice.org.uk/guidance/qs51/resources/support-for-commissioning-for-autism-253717885>, 9 times: British Psychiatric Survey

[4] Statutory Guidance to support the implementation of the adult autism strategy - https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/422338/autism-guidance.pdf

[5] Emerson, E., Baines, S (2010) *The estimated prevalence of autism among adults with learning disabilities in England*. Improving Health and Lives http://www.improvinghealthandlives.org.uk/uploads/doc/vid_8731_IHAL2010-05Autism.pdf

[6] <https://www.nice.org.uk/guidance/cg128/chapter/introduction> - mainly anxiety, ADHD and oppositional defiant disorder

Local picture – estimated prevalence

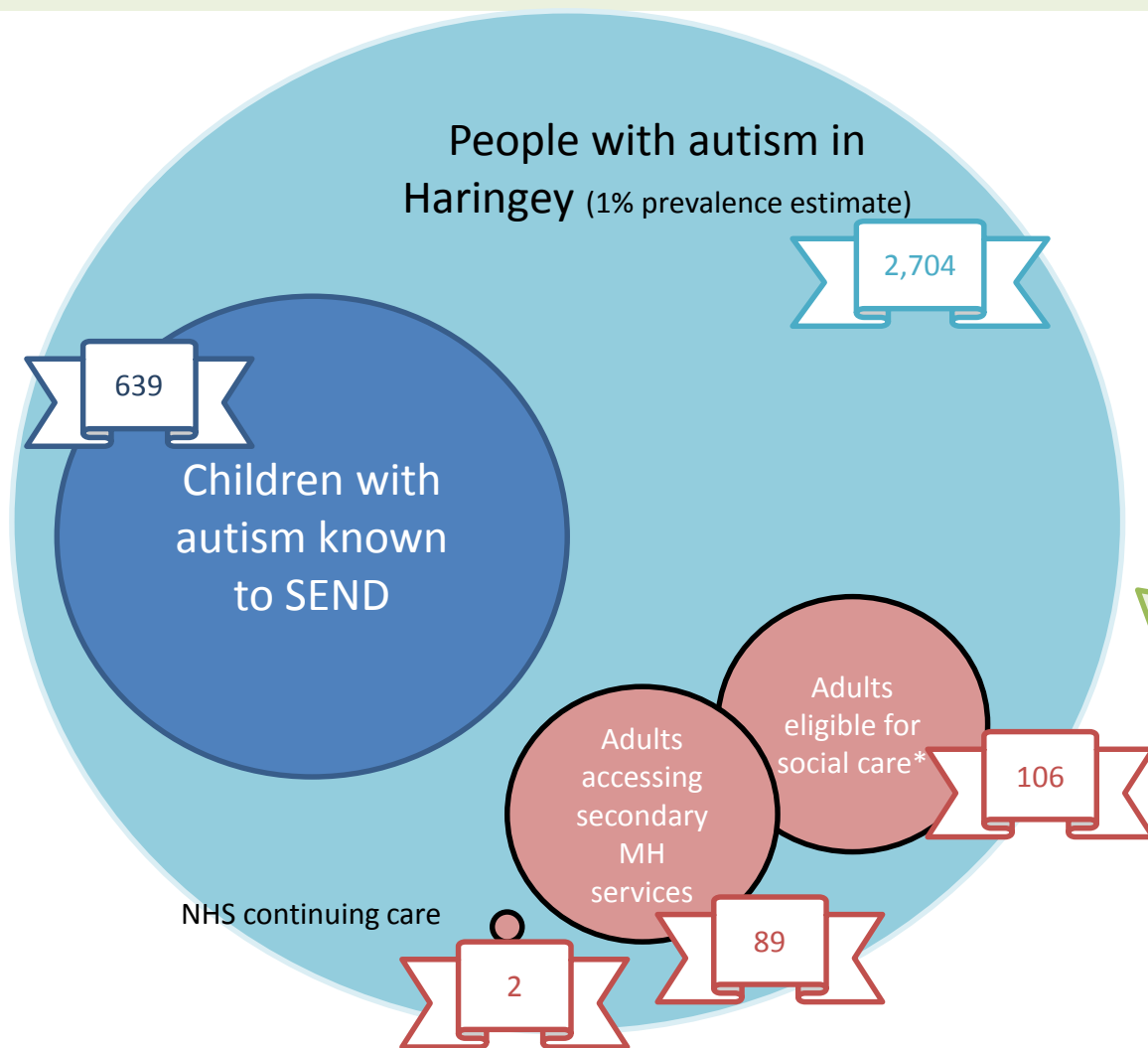


These estimates were calculated by applying a 1% autism prevalence level to Office for National Statistics population projections for Haringey.

The actual numbers could be higher or lower than these. While not accurate, they give an indication of the likely size of the population with autism.

These estimates also assume that prevalence is stable over time (i.e. that the rate of autism in the population has not been increasing in recent years)

Local picture – people known to services



Statutory services are only able to identify a small proportion of the estimated population of people with autism in Haringey.

The rest may be:

- Undiagnosed
- Diagnosed and accessing services, but their diagnosis not known by the service
- Known to services (including their diagnosis) but not recorded in a way which can be reported

It should be noted that, given the spectrum nature of autism, the needs of this group will vary considerably. We cannot tell how many of those not known to services might benefit from them.

Data from PANSI (2015 estimate), POPPI (2015 estimate), Haringey Special Educational Needs and Disabilities database (September 2016), BEH Mental Health Trust (October 2016) and ASC Mosaic database (October 2016)

•Of these, 104 are in Learning Disabilities, 1 in Older People and 1 in Physical Disabilities. This reflects the fact that processes for recording diagnoses of autism are better developed in LD than in Mental Health, Physical Disabilities and Older People teams, and is likely to be an underestimate of the number of adults with autism accessing social care services.

Only 2 adults are flagged as receiving NHS Continuing Care due to autism; others with autism are supported via this funding, but their autism diagnosis is not recorded in a way that enables us to identify or count them.

Local picture – estimates of future need (1)

- The current numbers of children with autism in schools [1] are higher than predicted by a 1% prevalence rate – approximately 1.3 in 100 instead of 1 in 100:

	2015/16
1% prevalence estimate (5-17)	412
Total population (5-17)	41,237
Current SEND population (School years 1-13)	539

- As some children will be diagnosed some way through their time in school, it is likely therefore that prevalence is somewhat higher than this level.
- This figure is higher than found by Baird et al (2006) (prevalence rate in South East London children aged 9 and 10 of 1.16 per 100) [2] but lower than that found by Baron-Cohen et al (2009) (1.57 in children aged between 5 and 9) [3]

[1] Based on Haringey SEND database summer 2016 covering school years 1 to 13

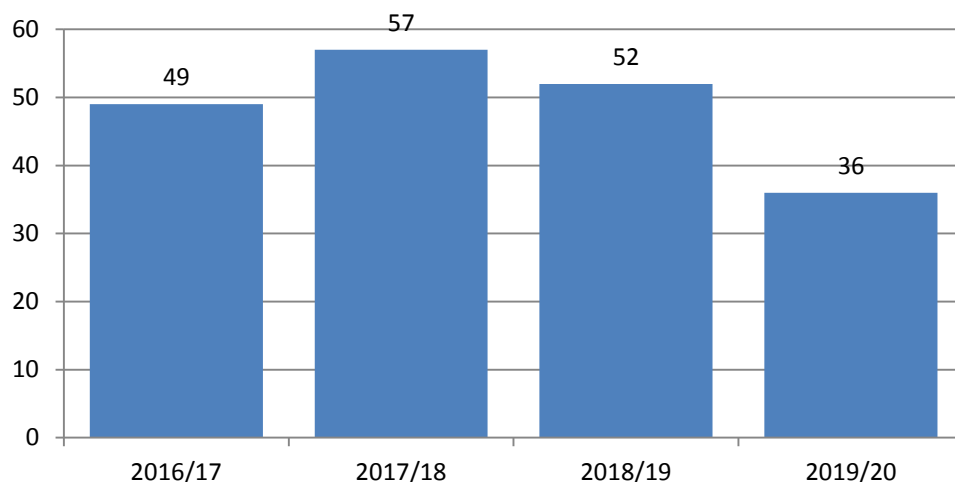
[2] Baird et al. (2006) Prevalence of disorders of the autism spectrum in a population cohort of children in South Thames. *The Lancet* 368 (9531) pp. 210-215

[3] Baron-Cohen et al. (2009) Prevalence of autism-spectrum conditions: UK school-based population study. *British Journal of Psychiatry*, 194 (6) pp 500-509

Local picture – estimates of future need (2)

- Data from Haringey's SEND database gives an indication of the number of children with autism likely to begin the transition process (Year 9) towards adult services in coming years:

Number of children with autism transitioning in the next four academic years



Numbers are small, and therefore subject to variation year on year, but suggest a need to plan for approximately 50 young people with autism entering adulthood each year in Haringey

- The SEND database does not provide details of the level of need of these young people, but by the end of secondary school approximately 6% are recorded as have a diagnosed learning disability (IQ<70) and another 6% as having Social, Emotional and Mental Health needs in addition to their autism. These figures appear low given what we know from national studies of children with autism and suggest there is scope to improve recording of secondary conditions by schools.
- The 2016 Autism SAF identified 3 young people with autism transitioning from education into Adult Social Care services last year. A further 3 transitioned to NHS continuing healthcare, and the rest (6 young people) transitioned to further education. This cohort (at 12 young people) was smaller than those we are expecting to transition in coming years.

Summary of service provision and good practice

- In the course of preparing the needs assessment, some services were identified as particularly effective, or as valuable local resources:
 - Primary and secondary **education services**, especially the special schools and the autism team which supports teachers in mainstream schools
 - The **voluntary and community sector**, including a strong network of parents and carers providing advice and support to one another, as well as advocacy, and organisations such as Markfield, Kith and Kids and HAIL
 - Ambitious about Autism's **Ambitious College**, based at the College of Haringey, Enfield and North East London's Tottenham Green campus
 - The **specialist dentist** at Tynemouth Road

Summary of areas for development

Formal recommendations

- Undertake an audit to establish gaps in compliance with **NICE guidance**
- Consider how best to **build the skills of parents** of teenagers with behaviour and / or mental health issues
- Consider ways to provide ongoing support to parents to **implement therapeutic approaches** at home
- Ensure clear pathways and protocols for **transition planning**, including the early involvement of Adult Social Care
- Give consideration to the needs of people with autism in the **Criminal Justice System** (including young people)

Other areas for development suggested

- More regular re-assessment of the needs of **children placed outside the borough** to ensure placements and support continue to meet their needs
- Better co-ordination of health and other services, for example, a named lead professional to **co-ordinate care** and ensure children have access to all the support or services they require

Over to you

Please turn to the person next to you and each take 2 minutes to share:

1. Something that surprised you from the needs assessment
2. An opportunity you can see to do things differently for children with autism in Haringey

Close



Thank you for your time and participation!

Do you have any questions or comments?

For more information

- You can find the full autism needs assessment on the Haringey website:

http://www.haringey.gov.uk/sites/haringeygovuk/files/autism_needs_assessment_2017_pdf_765_kb.pdf

- Please do get in touch if you have any thoughts, comments or suggestions
 - Fran Bury, Public Health Registrar
 - Fran.bury@haringey.gov.uk
 - 020 8489 2938

Appendix – summary of findings and recommendations

Summary of service provision and good practice

- There are a large number of specialist and non-specialist services in Haringey providing a range of different kinds of support and care to children and adults with autism and their families.
- In the course of preparing this needs assessment, some services have been identified as particularly effective, or as valuable local resources:
 - Primary and secondary education services, especially the special schools and the autism team which supports teachers in mainstream schools
 - The voluntary and community sector, including a strong network of parents and carers providing advice and support to one another, as well as advocacy, and organisations such as Markfield, Kith and Kids and HAIL.
 - Ambitious about Autism's Ambitious College, based at the College of Haringey, Enfield and North East London's Tottenham Green campus
 - The specialist dentist at Tynemouth Road
- For adults with a Global Learning Disability as well as autism, the Learning Disabilities Partnership provides a good range of specialist health and care services
- In addition, in the face of substantial reductions in funding to local government, adult social care teams are working to reconfigure services to ensure everyone who has eligible needs receives support (including those without a Global Learning Disability), and to work with service users and their families to co-design new ways of delivering services.

Summary of unmet needs

- This assessment has identified a number of needs which are currently not being fully met, including:
 - People with autism find it hard to access many **mainstream services**, and staff are often ill-equipped to identify autism and make reasonable adjustments.
 - This is particularly true for **mental health** services; the needs assessment shows people with autism have higher levels of mental ill-health than the general population but mainstream mental health services are often not accessible or adapted to their needs
 - There is a **lack of capacity** in some services including Occupational Therapy for children, diagnosis for adults and social housing, leading to long waiting lists and / or services offering fewer or less frequent sessions than are needed
 - There are few, if any, **preventative** services to reduce the likelihood of escalation of mental health conditions and challenging behaviour
 - People with autism in Haringey do not have opportunities to **inform service decisions**
 - There does not seem to be enough focus on **employment** or **social support** when considering the needs of adults with autism
 - There is a lack of understanding of the needs of people with autism in the **Criminal Justice System**, and how these could be met
 - There is a **lack of co-ordination** between different services, and people with autism and their families can find it very difficult to navigate a support system populated by so many different agencies
 - **Concerns have been raised by parents** about the capacity of Speech and Language Therapy services, and about the closure of day centres
 - Finally, it has been hard to complete a full needs assessment due to **lack of data** from key services; there is a need for better records to be kept in order to improve our understanding of who in Haringey has autism, what their needs are and how we can best meet them.
- Work is already underway to meet some of these needs and others are addressed in the recommendations section.

Summary of recommendations

Strategic Recommendation

In order to meet the needs of children and adults with autism in Haringey, there needs to be a shared understanding of what we are trying to achieve and how we will work collaboratively to achieve it.

Therefore, the over-arching recommendation from the needs assessment is for Haringey to establish this shared understanding, as a foundation for future work. Work to achieve this is likely to include:

- Establishment of commitment from key organisations to working to improve services for people with autism
- Identification of an autism lead (named joint commissioner or senior manager) as per NICE guidelines
- Development of an autism strategy for the borough, to include a shared vision
- Development of partnership governance arrangements which can oversee progress on the strategy once agreed (including a decision on whether there should be a single arrangement or separate ones for children and adults)

Key themes

1. Improve data collection and understanding of compliance with clinical good practice
2. Support engagement and collaboration with service users and their families
3. Increase the likelihood that people with autism receive services which understand and are able to adapt to their needs
4. Make changes to services with the aim of improving their quality and ability to meet the needs of people with autism

Full recommendations – theme 1

1. Improve data collection and understanding of compliance with clinical good practice

Recommendations	Benefits	Responsibility
Establish consistent recording of autism diagnosis by all of Adult Social Care, mental health services and GPs	Awareness of diagnosis facilitates better care and improves data available (e.g. on autism in older people)	GPs Adult Social Care Barnet Enfield and Haringey MHT CAMHS Providers
Undertake an audit to establish gaps in compliance with NICE guidance	Ensure compliance with relevant guidance	CCG Providers

Full recommendations – theme 2

2. Support engagement and collaboration with service users and their families

Recommendations	Benefits	Responsibility
Explore engagement routes outside the Autism Partnership Board	Reach greater numbers Improve two way communication	Autism Partnership Board
Support the development of social activities for autistic adults, which might include social skills classes, peer support and / or support to access mainstream social or interest-based groups	Meeting need for low intensity, social and preventative support	Voluntary & Community sector (local and specialist providers)
Consider how best to build the skills of parents of teenagers with behaviour and / or mental health issues	Reduced risk of escalation of issues Children able to remain at home Improved parental wellbeing	CCG - Children's Commissioning
Consider ways to provide ongoing support to parents to implement therapeutic approaches at home	Improved outcomes for children from therapies Improved parental wellbeing	CCG - Children's Commissioning
Use surveys and other methodologies to better understand needs and concerns (the Oxfordshire Aspergers JSNA contains a description of a sample methodology)	Wider opportunities to inform service design Improved data for planning	Autism Partnership Board and other relevant engagement groups

Full recommendations – theme 3

3. Increase the likelihood that people with autism receive services which understand and are able to adapt to their needs

Recommendations	Benefits	Responsibility
Undertake a training needs assessment for key service providers (to include GPs, MH staff, Housing Needs and Adult Social Care assessors and Police)	Understanding of the current scale of gaps in knowledge Ensure training is well targeted and accessible	Autism Partnership Board
Provide targeted and accessible basic autism training based on findings of the training needs assessment	Improved awareness among non-specialists Better and more responsive care Prevention of escalation	Co-commissioned through the Autism Partnership Board
Ensure mental health services and GPs are able to offer reasonably adjusted care to people with autism	Recognising known higher rates of mental illness Better quality of care Prevention of escalation of mental health issues	Mental Health Commissioning and providers GPs
Higher training for autism experts or ambassadors in key teams	Source of expert advice within teams, which can be shared outside formal CPD settings	Autism Partnership Board
Explore opportunities to create a virtual “ autism team ” for adults, at a minimum to provide expert advice and support, but ideally reflecting the NICE recommendations i.e. facilitating a multi-disciplinary care co-ordination approach. Aspects of this could be developed within the Transforming Care Programme multi-agency hub being developed across the North Central London partnership	Source of expert advice to other practitioners Meeting NICE recommendations Improved access to and navigation through mainstream services	Autism Partnership Board Transforming Care Programme

Full recommendations – theme 4

4. Make changes to services with the aim of improving their quality and ability to meet the needs of people with autism

Recommendations	Benefits	Responsibility
Ensure that adults who receive a diagnosis are aware of their entitlement to an assessment of their care needs, and that a user friendly pathway exists for them to access this assessment	All eligible adults receive a Care Act assessment	CCG – Vulnerable Adults Adult Social Care
Ensure the new Adult Social Care generic adults' service (planned for April 2018) is responsive to the needs of adults with autism	Meeting Care Act obligations Improved ability to meet needs of adults with autism but no GLD	Adult Social Care
Ensure clear pathways and protocols for transition planning , including the early involvement of Adult Social Care	Better transition planning Improved information to inform Adult Social Care planning	14+ working group
Explore scope for co-commissioning a local adult diagnostic service	With the aim of reducing cost and/or waiting times and providing a local service (meeting NICE recommendations)	CCG – Vulnerable Adults
Give consideration to the needs of people with autism in the Criminal Justice System (including through Liaison and Diversion service and prison health services)	Meeting Autism Act recommendation	Community Safety Partnership
Increase focus on participation in volunteering and employment as an outcome for adults supported by Adult Social Care	Meeting Autism Act statutory guidance	Adult Social Care

Language Development and Intervention

Liz Alsford

Whittington Health

Wrong side of the tracks: Starting School in a socially deprived London Borough

Why did we do this?

Children from socially deprived backgrounds have delays in their language development.

They may fail to catch up as they progress through school.

Over half of children in Haringey have EAL.

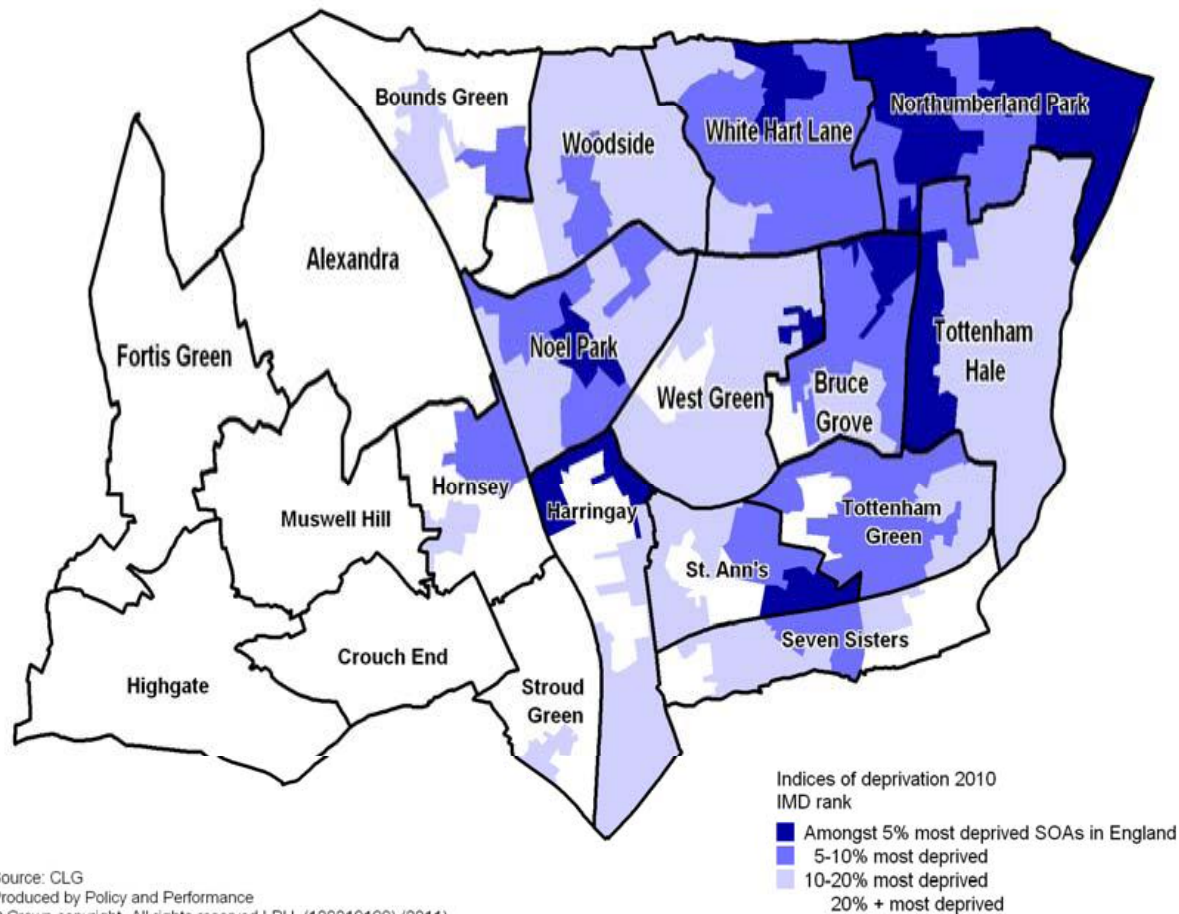
- Who did it?

- Liz Alsford, Andrew Ralephata, Sarah Bolderson, Martina Curtin, Esther Parish, Victoria Klaber, Sue Griffin, Lisa Nash, Rachel McAleenan, Brenda Musoke, Sangheeta Bhalla, Lindsay Walker, Luisa Duffer, Sylvia O'Sullivan, Victoria Knowland, Susi Budd, Lindsey Evans, Bernard Camilleri, Suzan Halil, Rachael Furze, Wai Leung, Ciara O'Gorman, Verity Carver, Dorothy Young, Helen Murrell, Sophie Mohamed, Victoria Cannadine, Sarumathi Sathianandan, Emma Duncan and Tim Pring

What did we do?

1. We collected data on reception children in 7 schools to get an overall picture of the borough and to compare schools.
2. We followed the progress of low scoring English speaking and children with EAL to the end of year 1.
3. We assessed the effects of language groups for low scoring children with EAL.

Indices of Multiple Deprivation 2010
Rank of IMD
Haringey SOAs



Source: CLG
Produced by Policy and Performance
© Crown copyright. All rights reserved LBH (100019199) (2011)

School	English Speakers	EAL	Total
1	24	3	27
2	17	12	29
3	12	12	24
4	13	12	25
5	6	24	30
6	8	17	25
7	1	26	27
All	81	106	187

56.7% were EAL (52.8% overall in borough).

The spoke 34 different languages.

But very large differences between schools: 3/27 to 26/27.

EAL children mainly in more socially deprived areas.

school	English Speaker s	Mean % score	EAL	Mean % score	Overall mean % score
1	24	60.12	3	40.33	57.92
2	17	61.42	12	10.08	40.17
3	12	48.25	12	25.83	37.04
4	13	39.46	12	8.20	24.46
5	6	38.00	24	19.79	23.43
6	8	33.25	17	14.21	20.60
7	1	50.00	26	16.07	17.33
All	81	50.90	106	16.91	31.63

English speaking children

Schools differ significantly*

Children in the 5 low scoring schools are
below the mean**

Children in the 2 high scoring schools are
above the mean*

Children with EAL

- 78% of children are below the 25th percentile
- 48% were below the 5th percentile

Do the differences between schools reflect levels of deprivation?

- We looked at the correlation between the percentage of children in each school with pupil premium and the overall mean score of the children on the pre-school CELF
 - For all children $-.840^{**}$
 - For English speakers $-.860^{**}$

Girls > Boys**

Language	Gender	n	Mean % score	Std. Dev.
English	girls	46	54.61	23.36
	boys	35	46.03	31.09
EAL	girls	47	24.49	24.62
	boys	59	10.87	17.37

Conclusions so far

- Across the borough children with English as their only language are at the expected level (i.e. 50%).
- But some schools are significantly above or below the mean.
- Level of English is closely related to the level of social deprivation.
- Most children with EAL have low scores and live in deprived areas.
 - Girls are a superior species!

Do low scorers improve?

- We retested low scorers at the end of reception and at the end of year 1.

(English below the 50th percentile who may be behind due to social deprivation and EAL below the 25th percentile who have had limited exposure to English)

We also tested them on a non-verbal test (the Pattern Construction test of the BAS).

At the end of reception

- Both groups improved***

but they remain much lower than their
general ability.

		Nov 2012	July 2013	NV
English	mean	23.12	36.78	50.53
	S.D.	15.74	24.39	25.19
EAL	mean	7.48	16.95	53.42
	S.D.	9.63	18.10	22.51

And girls improved more than boys*.

			Nov 2012	July 2013	
English	girls	mean	27.53	44.93	+17.40
		S.D.	14.28	23.95	
	boys	mean	19.23	29.58	+10.35
		S.D.	16.35	23.09	
EAL	girls	mean	11.15	25.55	+14.40
		S.D.	11.99	23.62	
	boys	mean	5.49	12.29	+6.80
		S.D.	7.49	12.19	

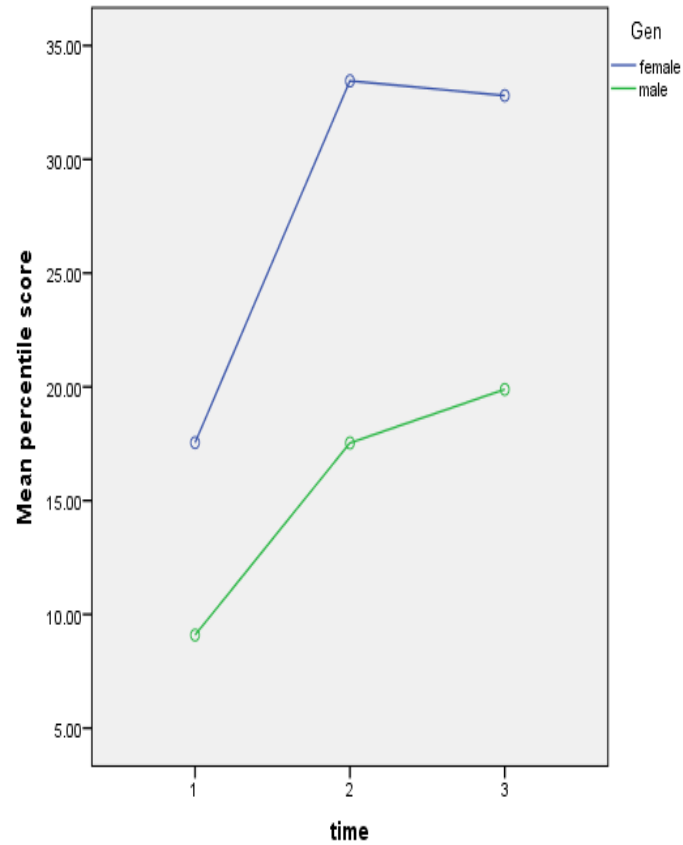
One year later (end of year 1) we retested the children.

English speakers had got worse*

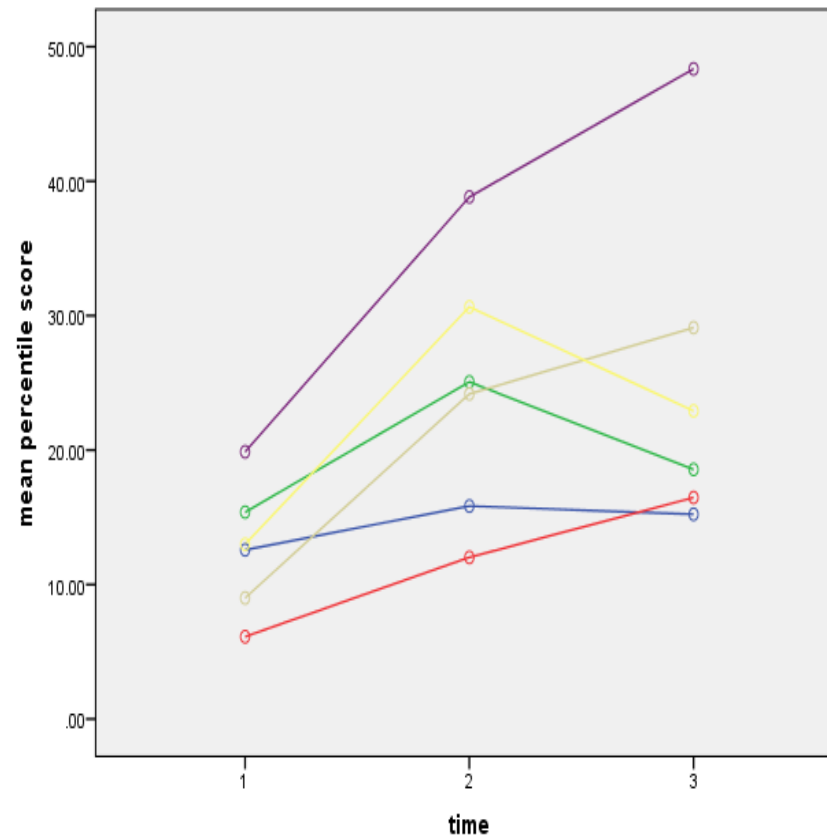
Children with EAL had improved a little but
after 2 years at school a large group of children
of average ability are still at the 21st percentile for English!

		Nov 2012	July 2013	July 2014	NV
English	mean	23.83	37.93	33.10	51.64
	S.D.	15.46	23.88	24.03	24.79
EAL	mean	7.36	17.59	21.44	53.34
	S.D.	9.10	18.25	22.97	21.44

Girls vs Boys at end of year 1



But schools differed in how much children
had improved.**



Conclusions

- Both groups (English and EAL) improve their language in the reception year but remain behind their ability level.
- So just being at school is not enough – we need to give them extra help.
 - Something goes wrong in year 1.
- But some schools do better than others – why?

- Questions
- Comments

Analysis of the intervention data

- Language groups were run to compare treated and control groups of low scoring children with EAL in six schools.

2 sessions a week one with SLT one with TA.

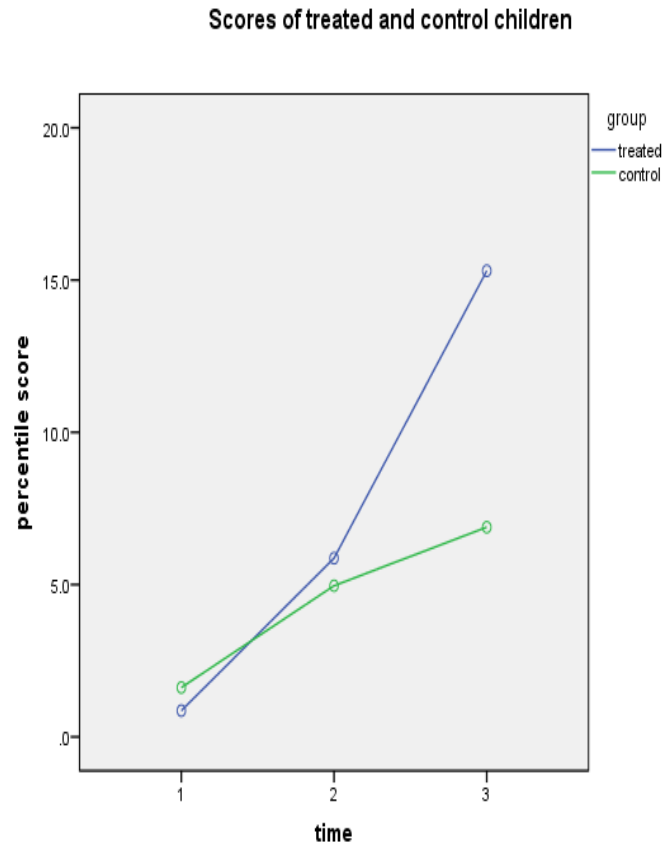
Blind assessed on pre school CELF and RAPT.

Initial results

- In our initial trial of the intervention the treated children improved only slightly more than the controls.

	Treated (20)			Controls (23)		
Test	Before	After	Gain	Before	After	Gain
CELF (mean %)	1.07	5.93	4.86	1.47	4.51	3.04
s.d.	1.42	8.67		1.81	6.39	
RAPT I (mean raw)	16.10	21.60	5.50	17.56	21.04	3.48
s.d.	7.12	6.38		6.72	5.67	
RAPT G (mean raw)	8.80	12.15	3.35	9.32	11.52	2.20
s.d.	5.68	6.28		5.30	5.89	

But at the end of reception year the treated group had improved much more than the controls.**



Conclusions

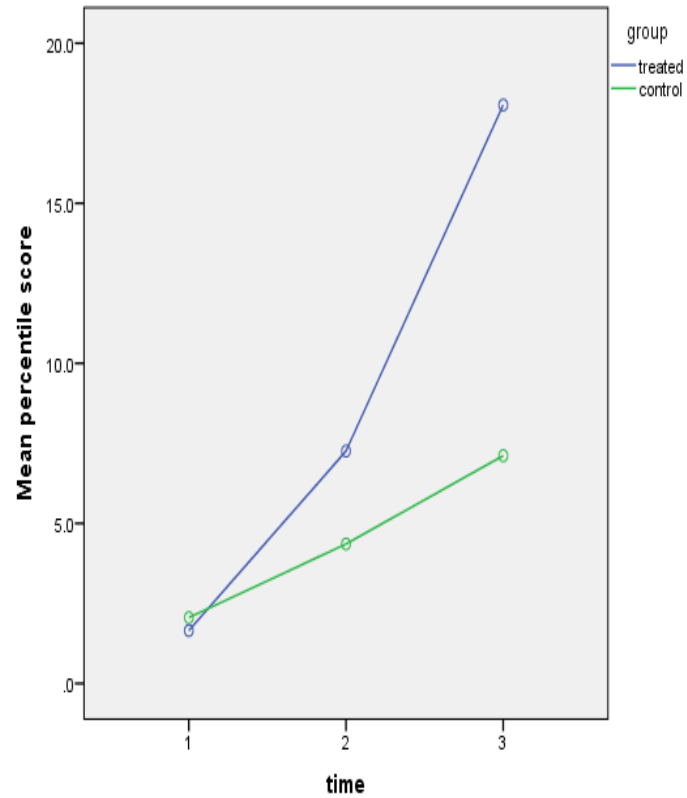
- So the intervention works
- But it needs time to show its effects.

We ran the intervention in 3 more schools to get more data.

- Treated and control children (now 33 in each)

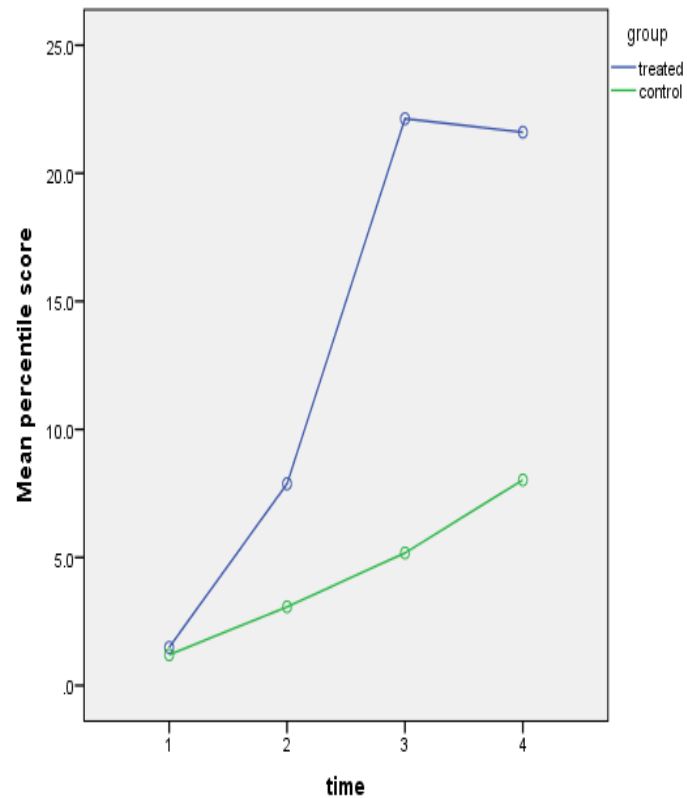
and blind assessment as before.

Now the treated children did better after the intervention*
and did much better at the end of reception.***



		before	after	end of reception	NV
Treated	Mean	1.65	7.26	18.07	51.9
	Std. Dev.	2.09	9.61	17.46	
Controls	Mean	2.06	4.36	7.11	47.6
	Std. Dev.	2.78	5.55	7.92	

Are the effects of the intervention seen at end of year 1?



Conclusions

1. The intervention is beneficial.
 2. But it takes a while for full effect to show.
 3. At end of reception treated children are ahead of controls***
 4. But are still not at the level expected for their ability.
 5. They remain ahead of controls at the end of year 1***
 6. But have not made further progress during the year.
- 4 and 6 suggest that one period of intervention is not enough.
They need continued help during early years at school.

Conclusions

This research shows that the English of many children starting school in Haringey is below the level expected for their ability.

Their language improves very little in the first 2 years of school.

The intervention can help them improve in the reception year but should be continued in year 1.

It is being used by the SLT service in schools in the borough with both English speaking and EAL children.

We have shown that it helps children with EAL but we are sure it can help English speakers too.

SPEECH AND LANGUAGE THERAPY SERVICES IN HARINGEY



What do we offer?

Whittington Health **NHS**

- Early Years
 - Clinics
 - Children's Centres
 - Home visiting (complex needs, deaf, Autism)
 - Child Development Centre
 - Pre-school Language Resources



- Schools
 - Mainstream primary and secondary schools
 - Special Schools (Vale, Riverside, Brook, Blanche Nevile, Haringey 6th Form)
 - Specialist Resources (Heartlands provision, Mulberry provision, West Green Language Resource)
 - Alternative provisions (Tuition Service, Octagon and home educated children)



Who do we see?

- Children aged 0-19 with a communication or swallowing difficulty
- Above year 3 only those with EHCP or Statement
- Open referral system
- Triage by a senior therapist
- Assessment
- Therapy packages



- **Advice line, training, drop ins**
- **Elklan, Makaton, bespoke training**
- **Groups, individual therapy packages**
- **Holiday groups**
- **Autism assessment pathway**
- **Specialist therapists – AAC, swallowing, deafness, dysfluency, speech disorders /cleft palate**



Language and Autism Team Successes

Janeta Guarnieri

SEND Integrated Services

Haringey Council

Interesting Trends



Transition Year EYFS Transition Caseload Numbers 2008 –

- 2009 15
- 2009 – 10 22
- 2010 -11 24
- 2011 - 12 26
- 2012 - 13 20
- 2013 - 14 25
- 2014 -15 43
- 2015-16 48
- 2016-17 (current live figure) 40

SOME STATISTICS TO START WITH

Language and Autism Team Success Book 2015/16





EarlyBird

- The NAS EarlyBird Parent Programme is for families of a pre-school child or children with a diagnosis of an autistic spectrum disorder.
- Two parents each family may attend the three-month programme.
- The EarlyBird works with between four and six families at a time and encourages parents/carers to share ideas and experiences whilst problem solve together.
- *Letecia Knight coordinates the parent programme. Letecia is a member of the Language & Autism Support Team and specialist nursery nurse who has delivered the programme in Haringey for eleven years.*
- *Haringey Council now has a multi disciplinary EarlyBird Team, which consists of the Language & Autism Support Team, Education Psychology Service and Early Years Area SENCO Team.*
- *We run three programmes a year, this year we ran additional programme in the spring term to meet the high level of demand from families and raise in diagnosis.*
- *This year 22 families received the EarlyBird parent programme.*
- Parents' views are gathered using a standard post-programme questionnaire immediately after the training and another questionnaire 6 months later.
- Parents report that experiencing a shared understanding of autism in the group sessions helped them move towards accepting the diagnosis.
- Parents report feeling an increase in emotional well-being and reduced isolation. A number of parents have asked for more social events that are autism family friendly.

The NAS EarlyBird Approach

3 interlocking content strands:

understand the autism

improve communication

analyse and understand behaviour

understanding autism first helps explain
child's communication and behaviour

Sessions relate back to why and how

Coffee morning



Feedback from past EarlyBird families was that social isolation was a challenge for some families.

The team devised the coffee morning in response to this feedback and as method to 'link families up' as much as possible, especially before the school holiday commenced and some services closed for Christmas.

As a team we were also aware of the challenges faced by some our families during school holidays. So we optimised the opportunity in this event for families to network, share ideas and the team provided tips on how to plan and prepare for holidays.

13 families attended the morning, with children ranging in age from reception to Year7.

Families had children attending either mainstream schools or specialist provisions.

DATE: WEDNESDAY 16TH DECEMBER 2015

TIME: 10AM –12PM

**FRIENDS OF EARLYBIRD
COFFEE MORNING**
All Parents/Carers Welcome

Christmas can be an exciting and fun time, but people with autism may be confused or distressed by all the new activity.

 Microsoft

No crèche facility available

Professional Development Centre
Downhills Park Road,
Tottenham, London N17 6AR

**PLEASE CONTACT THE AUTISM TEAM TO
RESERVE A PLACE**
Tel: 020 8489 1083/ 3466
letecia.knight@haringey.gov.uk /
esther.joseph@haringey.gov.uk



YOUTH CLUB

The Youth Club is open to all Haringey students with a diagnosis of ASD aged between 12-16, but other ages can be considered; Please contact Haringey Autism Team for more details (see back page)

- The club begins at 4pm, when we have 'News Time'. We sit on chairs in a circle, and tell each other our news
- During 'News Time' we get chance to practice our communication and listening skills
- After 'News Time' we have 'Activity Time'. The activities are different every week, but we have a choice.
- Some of the activities we might do include:
 - Football
 - Tennis
 - Badminton
 - Table Tennis
 - Volleyball
 - Arts and Crafts
 - Preparing food
 - Quizzes and puzzles
 - Table Football
 - Laser Tag
- The club finishes at 5pm
- At the end of term we may go on outings or have a party

Haringey
LONDON

THE YOUTH CLUB IS RUN BY:



Tim



Letecia



Esther



Ellika

Places subject to availability. For more details and a consent form please contact:

Tim O'Connor

Specialist Support Worker

Haringey Autism Team

Haringey Council, Haringey PDC,

Downhills Park Road, London, N17 6AR

Tel. 020 8489 1086

Email. tim.oconnor@haringey.gov.uk

www.haringey.gov.uk

[twitter@haringeycouncil](https://twitter.com/haringeycouncil)

facebook.com/haringeycouncil

Haringey
LONDON

Stephen Wiltshire Trip By Max Fereirra (Exposure Magazine):



During the half term, I went on a trip to see a very special exhibition at the Royal Opera Arcade art gallery in London. The exhibition has some very effective and detailed cityscapes by a West Indian artist, Stephen Wiltshire.

Stephen was diagnosed with autism when he was three years old and developed a keen interest in drawing animals, buildings and London buses.

Five years later, Stephen took a big step to launch a lifelong career in art, starting with sketching out landmark buildings of London. One of the teachers at Queensmill, Stephen's specialist school in west London, was very impressed with his masterful drawings, which he created after going on school trips to central London.

Since Stephen Wiltshire left school at age 13 in 1987. He published his first book called 'Drawings' with the help of a literary agent Margaret Hewson. When Stephen went abroad to New York City, he sketched out a six-metre-wide drawing of the skyline of the American city, using his unique photographic memory from a helicopter, without using a camcorder.

From 1995 to 1998 Stephen attended the City and Guilds Art College in Kennington Park Road and held a good number of his important collections, while gaining independence.

Going into the 21st century, since the age of 26 Stephen Wiltshire's work has become recognised throughout the world. His accurate, detailed illustrations of historical landmarks and structures from around the world, like Paris, Rome, Tokyo, Sydney and many more, attracting thousands of visitors a year to his exhibitions.

Then in 2006, Stephen Wiltshire got into tears, as he received his MBE medal (Member of Order of the British Empire) by Queen Elizabeth II for his outstanding work.

As I have autism, I find Stephen's work very clever and detailed and would recommend it to many other future artists who could look up to Wiltshire's unique drawing talents.

Stephen's work is one of the positive ways to help make everyone understand the feelings and thoughts of someone with autism.

Like Stephen, I like drawing from memory, based on my own experience with autism and people that I knew from the past. The way I draw my characters is displaying them on A6 size paper and giving them names underneath.

This is similar to the way Stuart Black does it. Stuart Black is a graphic artist in Northumberland that I look up to. He creates illustrations of British locomotives and RAF aircrafts. Stuart's work is very recognised on mugs, playing cards and a variety of publications.

If you want to know more about Stephen Wiltshire go to his [website](#) and watch the video below talking about his life and career:

Youth Club




Youth Club - Christmas Party

Its great that they have something they want to do, and they don't need us" Youth Club parent

Cinema Trip



- We accompanied Youth Club members to see 'Star Wars – The Force Awakens' on Tuesday 22nd December.
- All of them had seen it before, but they all wanted to see it again.

A movie poster for Star Wars: The Force Awakens. It features a collage of characters and elements from the film. In the foreground, Han Solo (Harrison Ford) and Rey (Daisy Ridley) are prominent. Behind them are other characters like Finn (John Boyega), Poe Dameron (Oscar Isaac), and Chewbacca. There are also droids like BB-8 and R2-D2, and a lightsaber. The background shows a space battle with the Millennium Falcon and other ships. The overall color scheme is dominated by reds, oranges, and purples.

TUESDAY 22nd DECEMBER,

New To Autism Training



- 3 day course run by HAT
- Ran the programme twice in the Autumn Term
- Total of 17 members of staff attended the two programmes
- Positive feedback each week and at the end of the course

Chestnuts Primary Autism Awareness Assemblies:



What do you notice about these children?



a disability .. They are all autistic .. Autism is also a disability but you cannot see it – it is called a
as everyone else. Although the picture are of children, Autism affects children and grown ups. Pe
s.

ferent: Some children with autism are able to learn like everybody else. They go to schools like th

“I talked to the children afterwards, they recognised that Autism is an invisible disability, but that they still need help to make friends.”

Teacher, Chestnuts
“My daughter came home and could tell me all about Autism as a result of your assembly... She normally doesn’t tell me anything about school.” Parent

Other school assemblies



- Earlham
- Coleridge
- Belmont

Behaviour that challenges CPD



- A one and a half day central based training open to all staff in Haringey. 20 staff members attended. The course consisted of a brief overview of autism, developing an understanding around why children with autism can behave in an unexpected way and support with how to develop a Behaviour Support Plan.
- Staff that attended the training fed back that they felt that after the course they had gained a better understanding of the children that they were working with and that they would be using some of the strategies discussed on the course and working towards implementing a consistent approach towards the children within their settings.

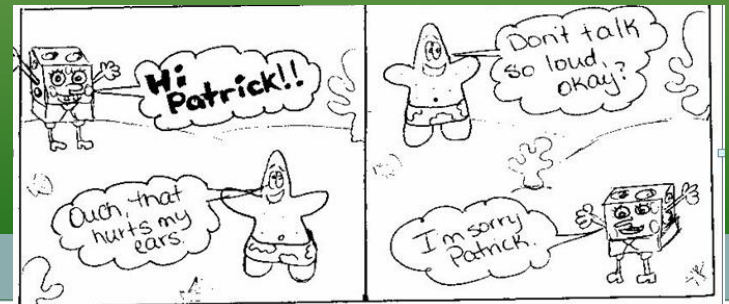
Social Scripts CPD



- Joint Autism & Language Support Training
- 12 participants
- 100% positive feedback

“Direct practical advice which was easily understood, particularly the chat cartoons as I love to draw!”

Very engaging talk from both Sarah and Ellika. Lots of practical activities and group work.



Year One Coffee Mornings



Two coffee mornings for parents for 5-6 year olds:

- 1) **Understanding the diagnosis** – 13 parents attended and requested a follow up meeting
- 2) **Transitions** – 17 parents attended. Again feedback was positive and resulted in follow ups from schools asking for more information on information shared as well as parents publicising the session to other interested parents. The parents also provided a useful for focus group for feedback for the Autism Interest Group.

Dad's Group

We have had two coffee mornings to increase fathers' engagement in local events.

The dad's appreciated the opportunity and have asked for more events in the future.



Friday 15th July 9:30 - 11:00

2. How would you find it useful to access further events? (Tick as many as apply to you)
- ☐ One-off focussed sessions on specific topics
 - ☒ Regular central based meetings
 - ☐ Support group at a local hub
 - ☒ Being part of a mailing group
 - ☐ Evening and weekend meetings
 - ☒ Online forum
 - ☒ Social media
 - ☐ Other
-



- Due to the overwhelming demand for the EarlyBird programme and feedback from parents wanting information around Autism post diagnosis- the Autism Team invested in the NAS Family Seminars programme – a one day programme covering an introduction to autism.
- A pilot programme took place on 8 and 22 June.
- Four families attended with children ranging from 3-7 years old. The feedback from all parents was positive. Parents commented on the value of meeting other parents of children with a diagnosis and been given a space to discuss their diagnosis journey, their child's communication difficulties etc encouraging.
- The Autism Team will continue to use this training programme next year.

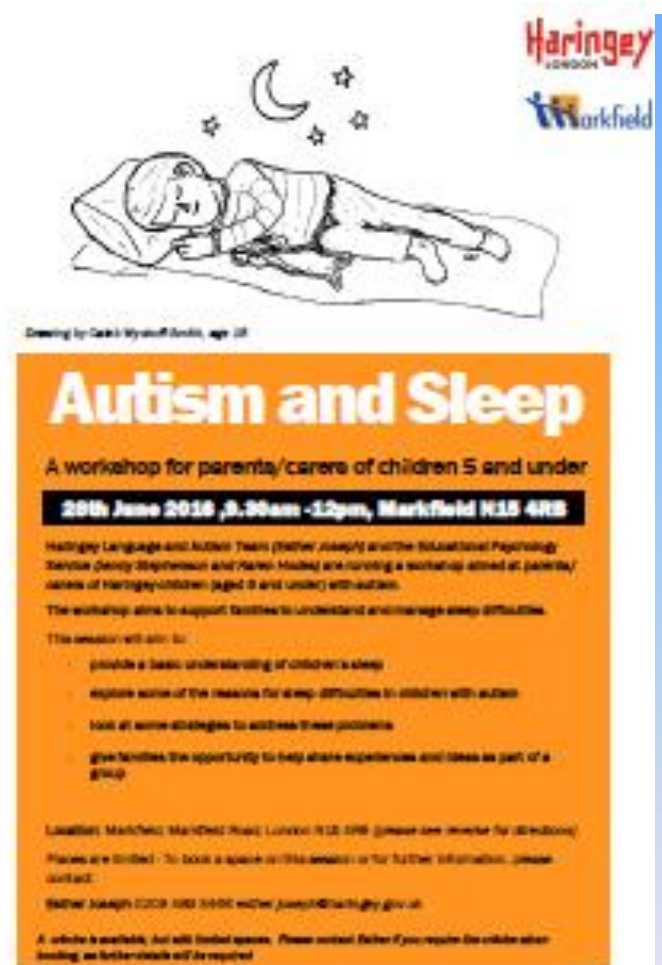
Under 5s Autism and Sleep

After a successful series of sleep sessions last year for children aged 4-11, it became apparent that the issues affecting sleep of children under 5 were different to the difficulties of older children. The EPS Service and Autism Team hosted a workshop on 28 June 2016 for parents of children 5 and under with Autism and sleep difficulties.

families attended the workshop.

Add evaluation comments

The Autism Team and EPS will do a followup phone call with the families that attended to see if any of the strategies have helped.



School coffee mornings



- Chestnuts
- Rowland Hill
- OLM – feedback at pupil review meeting that tips picked up at the workshop made parents feel empowered to manage child's difficulties resulting in being discharge from Camhs

Top Tips to help your child with friendships

Parent Coffee Morning- Our Lady of Muswell - Friday 1st July 2016



Autism Interest Group



- Attended by 6 schools including 3 secondary schools. Interest expressed by further secondary schools in attending. Lots of sharing of good practice and common concerns
- Group identified GIRLS as focus for the next session.

CYPS Training



- The Autism Team delivered Autism training to colleagues this year:-
- EarlyBird Professional Meeting – 23 September 2015
- Haselemere- 8 April 2016
- Children with Disabilities Team 29 June 2016

Language Link



- 27 schools currently subscribing to Language Link in Haringey
- CPD -1) An Introduction to Language Link

Language Link provides assessment, intervention and measured outcomes to support speech, language and communication needs within the classroom, at individual, pupil, small group and class level

- CPD -2) Update Meeting for SENCo and Language Link

- New system for setting up classes
- New presentation of results
- Supporting children in the classroom
- New design for

SENCo feedback “Clearly explained new ideas for this year...the interactive nature of the session extremely useful...good to hear others’ experiences and difficulties and how to solve them....questions and answers very useful”



Elklan trainings in Haringey

Speech &
Language
Support for
3-5s



Speech &
Language
Support for
5-11s



Communication
Support for
Verbal Pupils
with ASD
10 SESSION

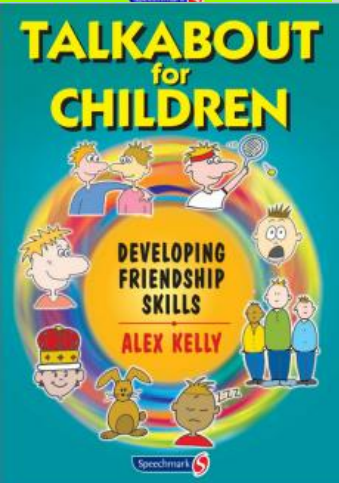
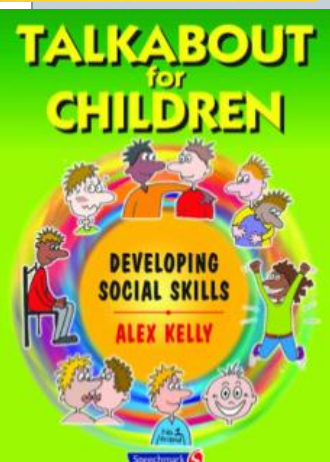
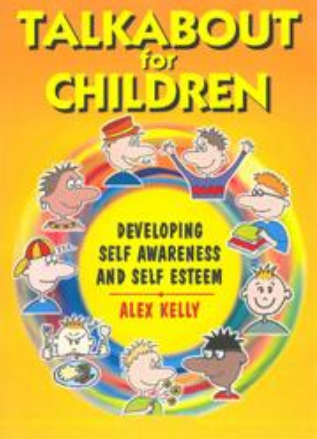


The three 10 week accredited Elklan courses above were run collaboratively by the Language and Autism Teams/Haringey Speech and Language Therapists.

The courses were attended by TAs/nursery staff and accredited through Ascentis. All trainees accrediting passed at level 2 or 3. The trainers also achieved the highest level of feedback given (Level A).

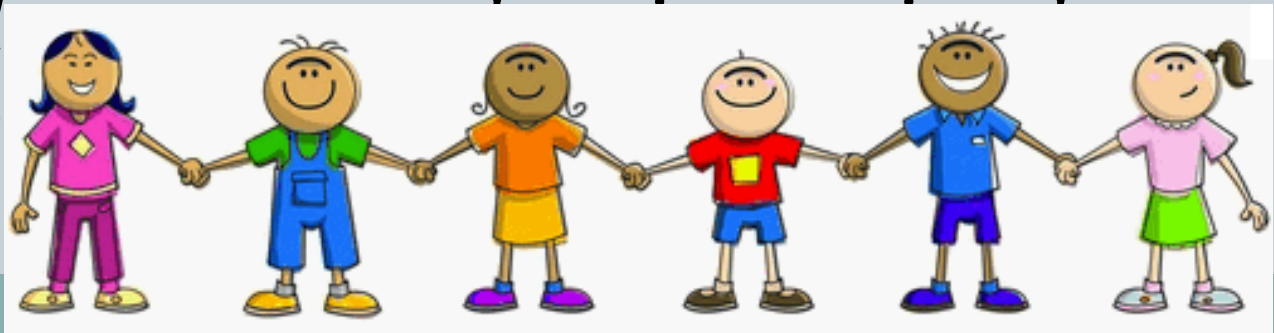
"I have thoroughly enjoyed this course and have gained great knowledge of children's speech, language and communication development." (TA feedback)

We also ran regular follow up sessions for Elklan trained staff to keep their skills up to date and share good practise



Alex Kelly Trainings:

- Alex Kelly ran a one day workshop in June 2016 for Sencos/Inclusion managers on developing social skills, with the main focus on using her programme *Talkabout for Children*.
- *This was a highly positive session with many Sencos now implementing the intervention in their schools.*
- *Following this, the Language and Autism team ran a one day workshop for TAs in ord gro*





LEGO THERAPY

- To develop knowledge and understanding of Lego therapy and why it is effective for children with communication and social difficulties.

26 people attended this new, highly practical and positively received training session on how to run Lego therapy groups in schools.

*“All of the information shared with us was helpful and will give me confidence to facilitate this group.
Really clear lessons and resources on how to set up and run Lego therapy sessions in school.” (TA feedback)*

Some additional trainings delivered this year by The Language Team



In school training

- Vocabulary
- Communicate in Print
- Working Memory
- Talk Boost
- Language for thinking
- Blank levels (support for verbal reasoning)
- Clicker 6/7
- Social Skills group

At PDC

- Working memory
- SLCN introduction for TAs
- Talk Boost
- Quality First teaching for NQTs
- Preparing Pupils for secondary school

And Since then?



- World Autism Awareness Week
- Growing up with Autism
- Closer integration of the two teams – Review of Current working
- New plans for next Year – new structure including a new post focussing on transition at KS4 and KS5

Haringey Language and Autism Team Summer 2017

Friday 12 May – 9.30-11.30am

Preparing families to be Reception ready

A workshop for parents/carers with children with autism and social communication/language difficulties – looking at ways to prepare for starting Reception in September

2017

Book via

**Friday 12 May
Dads' Coffee Morning
9.30-11.30am**
letecia.knight@haringey.gov.uk

A coffee morning for the dads of children with a diagnosis of autism.

Contact:
tim.oconnor@haringey.gov.uk

NAS FAMILY SEMINARS

A seminar which provides information and advice to parents and carers of children who have received a recent diagnosis of autism. We run this training in different age groups:- places must be booked

Friday 5 and 19 May – 9.30-11.30am

Parents/carers of **under 5s**
Contact letecia.knight@haringey.gov.uk

Friday 30 June and 14 July -9.30-11.30am

Parents/carers of children in **primary school**
Contact ellika.mcauley@haringey.gov.uk

**Wednesday 24 May
9.30-11.30am**

Preparing families for secondary transfer

An opportunity for parents/carers of **year 5** and **year 6** pupils with autism/social communication difficulties to meet and discuss ways of preparing for starting secondary school in September 2017/2018.

Contact:
esther.joseph@haringey.gov.uk

Friday 16 June – 9.30-11.30am

Family Coffee Morning – Onwards and Upwards

A coffee morning for **all** parents/carers of children/young people with ASD – a chance to network – meet other parents/carers and plan for the Summer holidays.

Contact: ellika.mcauley@haringey.gov.uk for more information

**Tuesday 27 June
Autism Interest Group (twilight)**

3.45-4.45pm

A chance for staff working in Haringey Schools (primary and secondary) to share good practise around Autism specific issues.

Working with parents of children with additional needs.

Book via [traded services](#) / [Ellika McAuley](#)

World Autism Awareness Week - 27-31 March 2017

We would like to thank the young people that sat on the panel and shared their experiences for 'Growing up with Autism in Haringey' question and answer session for parents/carers on Weds 29 March, a truly successful event that we look forward to running again soon.

We also enjoyed getting out and delivering assemblies in schools, and seeing the fantastic children we have in our Haringey schools.

The offer of delivering Autism Awareness assemblies is still on offer to schools that are doing an 'Inclusion week' in the summer term:- contact esther.joseph@haringey.gov.uk for more information.

Thank you and feedback

