

# **Scrutiny review: Autistic Spectrum Disorder**

Review of the Health Select Commission

*September – November 2012*

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## **Executive Summary**

### **The aim of the review:**

The review group was made up of the following members:

- Cllr Judith Dalton (Chair)
- Cllr Barry Kaye
- Cllr Lyndsay Pitchley
- Jayne Fitzgerald (Parents and Carers Forum)
- Cllr Christine Beaumont
- Cllr Peter Wootton
- Cllr David Roche
- Russell Wells (National Autistic Society/Parent)

### **Summary of findings and recommendations**

The four stated objectives of the review were to consider, as follows:

- The reasons for the higher diagnosis rates
- Services required at diagnosis stage and after
- 16+ support and transition
- Budget implications

The review was therefore structured around these four objectives, with a dedicated meeting held for each one and evidence presented around these four headings.

Key messages that came out of the review are as follows:

- Early intervention and prevention work is key for children with ASD
- Mental health needs of children and adults with ASD can arise because of the lack of support
- Lack of clarity about where the lead of support lies – Education, Health etc
- Family and home support is a gap in provision
- It is difficult for many parents to make sense of all of the different agencies that are involved in this area of work
- There has been significant progress made with this area of work and this needs to continue with clear leadership and direction.
- To ensure the best outcomes for children and young people with ASD, parental voice and influence is absolutely crucial
- All of the recommendations formed as part of this review are about more effective use of existing resources, achieving better value for money and becoming better organised in delivery of support. It is the view of the review group that there should not be a need for additional resources to implement the recommendations

Each of the meetings resulted in a set of key findings and draft recommendations. These are detailed in the relevant sections of this report. Because of the nature of the review, many of these findings were discussed again in other meetings, further exploring and refining the recommendations as the review progressed. For this reason a final section of the report looks at how these were brought together and details a final set of 10 recommendations. These are listed below:

1. That the Autism Communication Team (ACT) continue to co-ordinate the monitoring and intelligence of ASD rates of diagnosis in Rotherham, and partner agencies be requested to share information to facilitate this being done accurately. ACT should also ensure that partner agencies have access to this compiled information.
2. That CDC and CAMHS bring forward proposals to streamline their assessment processes and reduce waiting lists. In particular transition referrals at age 5 should be the subject of a clearly documented care plan that is shared with all partners and the family.
3. That the SEN reform project group be asked to implement a pilot project for the development of Education, Health and Care plans for children with a diagnosis of ASD with a view to ensuring that in the future all children with a diagnosis will have a multi agency care plan with a lead worker allocated.
4. That proposals are brought forward to develop more wrap around family support to assist with the transition between different services (particularly post 5) and at different life stages. This service should recognise the vital role that parents and carers need to play in working with and influencing service providers, and should be developed in line with the commitments in the Parent and Child Charter
5. That the hierarchy of support within a mainstream setting with ACT and Educational Psychology concentrating on children with more complex needs, be formalised and further developed, including exploring the potential role of special schools to support mainstream schools with support for children with less complex needs.
6. That the Joint Strategic Needs Assessment (JSNA) notes the lack of service for adults with ASD and recommends the commissioning of an appropriate service to address this gap.
7. In line with the JSNA, that commissioners consider the commissioning of Rotherham based services for young people (16+) with ASD over the next 5 years, building on the good practice that already exists. This would result in a reduction of out of authority placements.
8. That a local care pathway for the management of ASD in adults should be developed in line with appropriate NICE guidelines.
9. That RMBC identifies a senior leader for the autism agenda, who is able to challenge provision and raise the status of the condition. The work should then be channelled through the Autism Strategy Group.
10. That commissioners should look at how a pathway of care can be resourced effectively and the CCG specifically whether a single diagnostic route would be more appropriate.

## **1. Why members wanted to undertake this review?**

This review was requested by the Cabinet Member for Children and Young People because of the apparent high levels of diagnosis of Autistic Spectrum Disorder (ASD) in Rotherham. This was identified in a report to the Cabinet Member and was explored further in a position paper to the Health Select Commission in July 2012. It was agreed at this meeting that a full review would be required and this would investigate the steady increase in diagnoses within the last 10 years.

The overall aim of the review was to achieve a better understanding of patterns of ASD in Rotherham, leading to the development of appropriate support and assistance to families affected by it. It was understood that the review took place in a climate of budget reductions and therefore also wanted to look at the potential for more effective use of existing resources.

It would also aim to support the achievement of the following Council priorities from the Corporate Plan:

- Ensuring care and protection are available for those people who need it most
- Helping to create safe and healthy communities.

The four stated objectives of the review were to consider, as follows:

- The reasons for the higher diagnosis rates
- Services required at diagnosis stage and after
- 16+ support and transition
- Budget implications

## **2. Terms of reference**

The work of the review group was split into four separate meetings, one for each of the objectives of the review. At the original scoping meeting, it was decided to focus the investigations around the following issues:

- How is referral and diagnosis achieved?
- Why is there a need for the two different diagnostic routes?
- Are the rates of diagnosis higher than the national average? If so, can partners explain this?
- What is the cost to the authority of providing services?
- What support services are provided? Are there any gaps?
- Is this issue reflected in the Joint Strategic Needs Assessment?
- Transition periods – aligning adults and CYPs.

It was also agreed to arrange visits to Aughton Early Years provision and Winterhill School. Finally, it was agreed from the outset that of paramount

importance to the review was to receive evidence of differing experiences of parents and carers of the different services available.

The review has been provided with technical support by Steve Mulligan, Principal Education Psychologist, CYPS and was provided with specialist Health advice from John Radford, Head of Public Health. Other witnesses that contributed to the review were:

<b>Organisation (s)</b>	<b>Name</b>
Rotherham College of Arts and Technology	Adrian Hutchinson Sue Horner
Rotherham Schools: Swinton  Aston Hall Winterhill Milton Special School Aughton Early Years	David Pridding, Claire Thompson Donna Humphries Carol Crookes Brenda Hughes Carole Johnson
RMBC – Children and Young People’s Services	Helen Barre Gill Capaldi Fiona Featherstone Lianne Morewood Jackie Parkin Brian Wood
Robert Ogden School	Dr Khursh Khan, John Green, Kenny Bryce
National Autistic Society	Collette Hampton Paul Truin Lisa Myers
RDASH	Dr Alison Davies Ian Jerams Karen Etheridge Barbara Murray
Rotherham Foundation Trust	Dr Eisawl Nagmeldin Helen Firmin Johanna Wilman Susan Dent
Parents and Carers	Rachel Allonby Cllr Ken Wyatt Pat Woodcock Theresa Somerfield Joanne Michael Deborah Wray Amanda Moreman
RMBC – Neighbourhoods and Adults Services	John Williams
Clinical Commissioning Group	Gail Palmer

### **3. Evidence**

In carrying out this review, a vast amount of evidence was gathered. The majority of this was presented verbally by the many witnesses that attended at various points. There was also some written evidence provided by witnesses about the valuable work that their organisations carry out on behalf of children, young people and their families that are affected by Autistic Spectrum Disorder. All of this evidence was presented with enthusiasm and a strong commitment to the welfare of the people they provide services for. Parents, in particular shared with the group some difficult and emotional experiences, but always with impressive clarity. The group would like to thank all of these witnesses for sharing such valuable evidence and making the review so productive and informative.

It is, however, the task of the review group to be able to evaluate all of this evidence in a balanced manner and draw out key issues and recommendations. For this reason not all of the evidence received during the review is presented in this report. A list of all written evidence can be found at appendix A of this report and all of these documents, along with the notes of all of the meetings held, can be made available as background documents to this review.

### **4. Background**

Rotherham Council and its partners have made a vast difference to the children and young people who experience ASD. A number of officers over the years have carefully planned the strategic and operational response to support children and young people who experience Autism Spectrum Disorder.

In the seven decades since autism was categorised, the results of research and clinical work have led to the broadening range of the autistic spectrum from the profound austerity of severe autism, to the subtle communication difficulties found in aspects of Asperger's Syndrome.

Children and young people with ASD have impairments in social interaction, verbal and non-verbal communication and imagination, this is often labelled 'the triad of impairment'. These traits are often accompanied by a narrow range of interests, activities and behaviour patterns which are often pursued rigidly sometimes to a point of obsession.

Often described as the invisible disability, autism is a complex lifelong developmental impairment; the range of autistic conditions is diverse and remains largely misunderstood. There has been some excellent work in Rotherham on the inclusion of children with ASD in their local mainstream school.

The Autism Strategy Group meets on a termly basis and receives information on previously commissioned work from each of the four major subgroups. It defines its work in four broad areas of activity:

- Services and Provision around ASD
- Continued Professional Development.

- Diagnosis and Assessment Procedures.
- Involvement and Parents/Childs Voice and Influence.

The purpose of this work is to raise the attainment and improve life long experiences of children and young people with ASD. In order to do this effectively we must listen to the children and families and ensure their voice has influence on policy.

Recent work has highlighted a number of issues (June 2012):

- The number of children and young people with a diagnosis of ASD is approximately 1:60 in the 0-19 age range. This is well above the regional and national range (1246 as at June 2012). This is a key area for further discussion.
- The families in Rotherham told us the following:
  - a. We need to do more to support families and children at home. This should include the development of an agreed entitlement for children and families following a diagnosis.
  - b. Our schools are not always well enough informed re ASD. We should pursue the Autism Friendly Schools Award, increase the practical and physical support to establish ASD friendly rooms and enable teaching staff in our schools. This would be an opportunity to use the expertise and resources in the SEN Special School Sector.
  - c. We need to develop trust and confidence at times of transition:
    - Entry to School/Early Years Settings
    - Foundation – Year 1
    - Year 6 – Year 7
    - Year 11 – Year 13
    - Year 14 - College
- Schools need additional support to develop teaching skills and learning objectives. 'Across the Board' practices in schools should be adapted regarding display, storage issues and the use of software to produce a range of communication symbols.
- All strategic developments relating to services for ASD children and families should be in greater partnership.
- The Autism Strategy Group has a clear remit and established terms of reference within the DfE response to the Green Paper.
- The policy of children's services and adult services relating to ASD should be closer aligned.

During the year the Strategy Group have focused on the following activities:

- Development of closer links with National Autistic Society – Local/National activity.
- Significant impact by Head Teacher of Milton to Kilnhurst & Swinton Resources.
- Discussions have taken place re a Joint Venture: Milton – Swinton – Dearne Valley College : re Post-16 provision.



- Identification of pressure point re Young Persons Learning Agency and Freeman College – requests for specialist placement.
- Discussions with The Robert Ogden School re Person Centred Reviews/Review processes.
- Commentary on the NICE guidelines re Autism.
- Multi agency launch of “Think Autism” and drop-in sessions for parents.
- Published the “Need to Know” Campaign – Autism/Mental Health.
- Autism Communication Team has been involved in the DSG Value for Money review.
- Members Scrutiny review re-launched.
- Adult Services have prepared a paper on Adults with Autism that has been discussed with Children’s Services.
- Continuation of the Chat & Chill Youth Club.
- Use of Aiming High to enhance short break facilities for Children and Young People who experience ASD.
- Greater understanding of ASD with children and young people who are looked after by the Local Authority.
- Project work around Pathological Demand Avoidance continues.

## **5. Autistic Spectrum Disorder**

### **5.1 Higher rates of diagnosis in Rotherham.**

The review group noted that diagnosis rates for ASD in Rotherham were consistent with those contained within the National Institute for Health and Clinical Excellence (NICE) guidelines. The lower rates in other areas were therefore indicative of under diagnosis rather than Rotherham’s being too high. It was also noted that partners in Rotherham have made significant progress in raising awareness and successfully identifying ASD as a condition. This good work should be recognised by the review.

Despite this, it was agreed that further work was required to continue to monitor the data. The Autism Communications Team within RMBC should work with other authorities to continue to access to up to date information on diagnosis rates and comparisons.

The review group received evidence from the two partners responsible for the main diagnosis routes for ASD. These are the Child Development Centre (CDC) run by Rotherham Foundation Trust (RFT) and Child and Adolescent Mental Health Services (CAMHS) run by Rotherham, Doncaster and South Humber NHS Foundation Trust (RDASH).

Witnesses who had experience of early diagnosis (approximate age 2) indicated their support for this assessment process via Health Visitors, and the continuance of it. It became evident that early intervention had proved to be the most successful and that children and young people who were not diagnosed until they were much older experienced greater problems. It was felt that professional development around raising awareness of ASD for health visitors and other Early Years professionals, was crucial for this early intervention to continue.

Witnesses also spoke positively about the Early Bird Training that was hosted by the National Autistic Society (NAS).

The group discussed that the main difference between the two diagnostic routes were that CDC worked with under fives and CAMHS with over fives. Issues that arose as a result of the discussions around the diagnostic routes were as follows:

- Concerns about the communication between the two routes, delivered via two different NHS Trusts, particularly regarding transition between the two services around the age of 5.
- The limited voice and influence of parents over the diagnosis process. Parents who were witnesses expressed concern over the levels of support they received both at the time of diagnosis and afterwards. This was agreed as a gap in service.

**Draft recommendations:**

- The Autism Communication Team (ACT) should continue to co-ordinate the monitoring and intelligence of ASD rates of diagnosis in Rotherham and partner agencies be requested to share information to facilitate this being done accurately. ACT to provide the lead on this and ensure that partner agencies have access to this information once compiled.
- CDC and CAMHS should work together to bring forward proposals to streamline their processes more effectively, to share information and improve transition.
- All transition referrals at age 5 should be clearly documented in a written care plan that is shared with all partners and the family
- Partners should recognise the gap in support to parents and families in their home and aim to improve services in this areas, working with the third sector.

**5.2 Services required at diagnostic stage and afterwards.**

This meeting focused on the types of services that are provided to children and their families in the period of time immediately following a diagnosis of Autistic Spectrum Disorder.

Members of the review group heard from a range of service providers about their provision. The provision varies considerably depending upon the complexity of need of the individual child and there are a number of intervention criteria built into accessing these services. The vast majority of children on the spectrum are supported within mainstream schools, with appropriate additional support. This includes many children with a statement of special educational needs. The funding for low incidence/high needs is being reviewed as part of the new school funding reforms. The review group were also concerned that although provision is made for the assessments to have health and social care input, this element of the process on occasions lacked detail and consistency. It was noted that the forthcoming legislative changes to the SEN process will strengthen this requirement and an Education, Health and Care Plan may be required for each child. The group would like to ensure that this happens for children with a diagnosis of ASD and requests that the project group addresses this as part of the implementation of the new legislation.

The meeting looked further at the two different diagnostic routes, focusing on parents' perspectives and experiences of how the two routes worked for them.

Further evidence was found that parents who had experienced an early diagnosis and intervention under the age of 5, had experienced better outcomes for their child. There was also a strong pattern emerging of parents with two or more children receiving a diagnosis, where they were able to pick up the second and subsequent children much quicker. This seemed to be largely due to the greater experience of the parent as they were the ones identifying the problem. In terms of the different diagnostic routes it was concluded that both routes involve some delays, with both CDC and CAMHS having issues with waiting lists that they are currently trying to deal with. Also, many of the differences in experiences of the children and families relate to the stage in their life at which the intervention occurs, it being generally accepted that earlier intervention was much more effective. It was also noted that the CAMHS service was more of a crisis intervention service, with a certain stigma attached to it associated with mental health issues. It was discussed to what extent CAMHS could become take on a more preventative role. A more personalised support service for children and young people was felt to be preferable, with clear intervention criteria, understood by all agencies, and clear multi agency pathways.

Parents presented some compelling accounts and evidence of children experiencing difficulties in later years, particularly where they had not received an early diagnosis. Many of these were also presenting to the CAMHS service with additional mental health problems which parents claimed were exacerbated due to the lack of support for their condition.

There was very positive feed back from parents who had initially experienced the Early Bird courses run by National Autistic Society. There had been, however, an issue with the waiting lists for these courses with some parents expressing concern that there had been a long delay in accessing this vital support after their children had received a diagnosis. Subsequently Rotherham's multi agency partnership have delivered a number of tailor-made courses to Rotherham parents addressing family issues and offering support.

Some parents also expressed concern about the lack of understanding and support for their child within the mainstream school environment. Again the issue of lack of support for parents in their home and family environment was raised and it was concluded that this was a gap in provision. Parents had found good support from organisations such as National Autistic Society and Parent and Carers Forum. It was noted that the third sector had been in a good position to assist with this area of support.

Despite these concerns the review group noted that facilities such as the Autism Communication Team and the Educational Psychology Team within CYPS were extremely valuable and had made good progress in assisting schools to support children with ASD within a mainstream setting. It was therefore concluded that mainstream schools need to continue to be assisted to support children with ASD and that ACT and Educational Psychology use their resources to work with children with more complex needs, creating a hierarchy of support. The role of special schools should also be explored in helping to support this hierarchy.

#### **Draft recommendations:**

- All children with a diagnosis of ASD should receive a care plan with a lead

worker allocated to them. This worker could range from the SEN worker to a consultant paediatrician, depending on the complexity of need of the child concerned.

- The possibility of implementing a pilot project for the development of Education, Health and Care plans for children with a diagnosis of ASD should be explored
- Proposal should be brought forward to develop more wrap around family support to assist with the transition between different services (particularly post 5) and at different life stages
- As part of their closer working, CDC and CAMHS should bring forward proposals to reduce their waiting lists.
- The hierarchy of support within a mainstream setting with ACT and Educational Psychology concentrating on children with more complex needs, should be formalised and further developed, including exploring the potential role of special schools to assist mainstream schools with support for children with less complex needs.

### **5.3 Services for 16+ and transition to adults.**

This meeting was intended to focus on a particular point of transition for young people with a diagnosis of ASD – into adulthood and the world of work and independent living.

The meeting heard about the Section 139a process, which assesses the young person's learning difficulties from around year 11 of school (for special schools this is usually years 12 and 13). The process for this was explained to the review group, who concluded very quickly that the way in which the young person and their parents/carers are engaged in this process is crucial.

Where needs are complex, this process may result in the pulling together of a package of support that also includes health and social care needs. Currently the funding for this comes entirely through the education route, via CYPS. It was noted that adults should go through the continuing health care process for health support, but this doesn't accurately reflect the needs of these young people in transition as it is focused on elderly care. It was also noted that there is a gap in adult mental health services for young adults with ASD.

Further evidence was received from parent's accounts of their experiences with their young adults. Mental health support was mentioned frequently and this was supported by the service providers. It concluded that there do not appear to be any commissioning of services specifically for adults with ASD. Mental Health Services tend to focus on more obvious and treatable mental health conditions. Disorders that are less treatable and border between social/educational/behavioural issues are facing a gap in support provision.

Although the good practice of Robert Ogden School and Freeman College in Sheffield were noted in particular, there were concerns expressed that partners and commissioners in Rotherham should focus on the creation of high quality local provision.,

Rotherham College of Arts and Technology (RCAT) presented information about their Inclusive Learning Team and other support for people with a diagnosis of ASD. It was felt that this model was a good one and could be further improved with wider partner involvement.

The issue that the review group was the most concerned with was that post 16 provision should focus on health and social care needs, in addition to education and training. A balance between the need to develop independence with the need to maintain the support from the family and local community needs to be achieved with this provision and this is a dialogue that should take place with both service providers and the families.

**Draft recommendations:**

- The Joint Strategic Needs Assessment (JSNA) should note the lack of service for adults with ASD and recommend the commissioning of an appropriate service to address this gap.
- A local care pathway for the management of ASD in adults should be developed in line with appropriate NICE guidelines.
- In line with the JSNA, commissioners should consider the commissioning of Rotherham based services for young people (16+) with ASD over the next 5 years, building on the good practice that already exists.

#### **5.4 Resourcing implications.**

The final meeting was designed to pull together all of the key strands of the review and to address some of the resourcing implications. For this reason representatives from the key commissioners were invited to be present.

Several key messages came out of the meeting; these are as follows:

- Early intervention and prevention work is key for children with ASD
- Mental health needs of children and adults with ASD can arise because of the lack of support
- Lack of clarity about who provides the lead support – Education, Health etc
- Family and home support is a gap in provision
- It is difficult for many parents to make sense of all of the different agencies that are involved in this area of work
- Despite this, it is clear that there has been significant progress made with this area of work and this needs to continue with clear leadership and direction.
- To ensure the best outcomes for children and young people with ASD, parental voice and influence is absolutely crucial at each stage of the process
- All of the recommendations formed as part of this review are about more effective use of existing resources, achieving better value for money and becoming better organised in delivery of support. It is the view of the review group that there should not be a need for additional resources to implement the recommendations

The resourcing implications of these issues and the specific recommendations within the body of this report were discussed and the recommendations included in this section reflect those discussions.

### **Draft recommendations:**

- Proposals should be brought forward to build capacity locally, with the aim of keeping funding within Rotherham and reducing out of authority placements.
- RMBC should identify a senior leader for the autism agenda, who is able to challenge provision and raise the status of the condition. The work should then be channelled through the Autism Strategy Group.
- Commissioners should look at how a pathway of care can be resourced effectively and the CCG specifically whether a single diagnostic route would be more appropriate.
- Support should continue for the Parent and Child Charter which is a key element in helping families to be heard.

### **5.5 Summing up and final recommendations**

When the review group considered all of the draft recommendations from the report, it was noted that there were a number of re-occurring themes and that some recommendations were explored further, later in the review process, resulting in additional recommendations being developed around the same theme. As a result they were grouped together and a final “shortlist” of recommendations was compiled. These are the final recommendations being forwarded by the review group for consideration by Cabinet and other partners and are as follows:

1. That the Autism Communication Team (ACT) continue to co-ordinate the monitoring and intelligence of ASD rates of diagnosis in Rotherham, and partner agencies be requested to share information to facilitate this being done accurately. ACT should also ensure that partner agencies have access to this compiled information.
2. That CDC and CAMHS bring forward proposals to streamline their assessment processes and reduce waiting lists. In particular transition referrals at age 5 should be the subject of a clearly documented care plan that is shared with all partners and the family.
3. That the SEN reform project group be asked to implement a pilot project for the development of Education, Health and Care plans for children with a diagnosis of ASD with a view to ensuring that in the future all children with a diagnosis will have a multi agency care plan with a lead worker allocated.
4. That proposals are brought forward to develop more wrap around family support to assist with the transition between different services (particularly post 5) and at different life stages. This service should recognise the vital role that parents and carers need to play in working with and influencing service providers, and should be developed in line with the commitments in the Parent and Child Charter
5. That the hierarchy of support within a mainstream setting with ACT and Educational Psychology concentrating on children with more complex needs, be formalised and further developed, including exploring the potential role of special schools to support mainstream schools with support for children with less complex needs.

6. That the Joint Strategic Needs Assessment (JSNA) notes the lack of service for adults with ASD and recommends the commissioning of an appropriate service to address this gap.
7. In line with the JSNA, that commissioners consider the commissioning of Rotherham based services for young people (16+) with ASD over the next 5 years, building on the good practice that already exists. This would result in a reduction of out of authority placements.
8. That a local care pathway for the management of ASD in adults should be developed in line with appropriate NICE guidelines.
9. That RMBC identifies a senior leader for the autism agenda, who is able to challenge provision and raise the status of the condition. The work should then be channelled through the Autism Strategy Group.
10. That commissioners should look at how a pathway of care can be resourced effectively and the CCG specifically whether a single diagnostic route would be more appropriate.

## **5.6 Future monitoring**

It is recommended that this report is considered by the Health and Wellbeing Board following submission to RMBC's Cabinet. Cabinet's response and action plan for the recommendations that are accepted should be reported to the Health Select Commission on a six monthly basis for monitoring purposes.

## **6. Background Papers**

Report to the Health Select Commission 12<sup>th</sup> July 2012 - Autism Spectrum Conditions – Update

Notes of Meeting 1: The reasons for the higher diagnosis rates, held on 9<sup>th</sup> October 2012

Notes of Meeting 2: Services required at diagnosis stage and after, held on 16<sup>th</sup> October 2012

Notes of Meeting 3: 16+ and transition Adults Services, held on 6<sup>th</sup> November 2012

Notes of Meeting 4: Financial implications and summing up, held on 27<sup>th</sup> November 2012

Notes of visits to Winterhill School and Aughton Early Years.

Written evidence to the review – listed in appendix A.

## **7. Thanks**

Thanks go to all of the witnesses who gave their time and support to the review process. The review group would like in particular to thank the parents who shared sensitive information openly and regularly attended the meetings.

Specific expertise and input from Steve Mulligan and Dr. John Radford was invaluable.

Finally, many of the witnesses and review group members passed on their thanks to Cllr Judy Dalton for her skilful and open chairing of the proceedings.

For further information about this report, please contact

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## Appendix A – List of Written Evidence Received

1. National Autistic Society – Autism in 2012 report – 50<sup>th</sup> Anniversary
2. Rotherham Charter for Parent and Child voice
3. National Autistic Society – Autism awareness for GPs
4. RDASH services
5. Liverpool Aspergers team
6. National Autistic Society survey
7. RMBC breaks for children with a range of disabilities
8. Chris Easton presentation
9. Kate Sturdy's presentation (SEN)
10. Parents written submissions (confidential)
11. Child Development Centre referral and diagnosis statistics