

Meeting(s):	Education and Families Committee	05 December 2016
Report Title:	Children's Services Performance Report 6 Month / 2nd Quarter 2016/17	
Reference Number:	CS-33-16-F	
Author / Job Title:	Helen Budge, Director of Children's Services	

Decisions / Action required:

1.1 That the Education and Families Committee discuss the contents of this report and make any relevant comments on progress against priorities to inform further activity within the remainder of this year, and the planning process for next and future years.

High Level Summary:

2.1 This report summarises the activity and performance of Children's Services Directorate for the second quarter of 2016/17, the six months up to September 2016.

Corporate Priorities and Joint Working:

3.1 The recommendation in this report is consistent with the following corporate priorities:

Effective Planning and Performance Management are key features of the Council's priority towards Young People (Our Plan 2016-2020):

"The new Anderson High School and Halls of Residence will have been built and will be providing an excellent learning environment as part of an efficient and effective schools service.

Children and Young People, particularly those from vulnerable backgrounds and in care, will be getting the learning and development opportunities that allow them to fulfil their potential.

Shetland Learning Partnership will be providing opportunities for young people to gain workplace experience and vocational qualifications while at school, giving them the skills they need to get jobs or continue into further education.

Vulnerable children and Young People in need of our care and support will continue to be protected from harm.

Young people will feel that their voices are being heard by the council, having regular opportunities to have a say on the issues that affect them.

More children will be taking part in physical and cultural activities – developing healthy lifestyles to help them play a full and active part in Shetland community life."

"Excellent financial management arrangements will make sure we are continuing to keep to a balanced and sustainable budget, and are living within our means".

"People who use our services will experience excellent standards of customer care".

"We will have found ways of filling our 'hard to fill' posts and increased the number of ways that Young People can join our work-force".

"The needs of the most vulnerable and hard-to-reach groups will be identified and met, and services will be targeted at those that need them most."

"More money will be going towards 'spend to save' initiatives, providing resources to fund innovative ways of working that save money but help us achieve our desired outcome".

Key Issues:

4.1 The progress on projects and actions continues to be within the timescales set for all projects.

Exempt and/or confidential information:

5.1 None.

Implications:

6.1 Service Users and Communities:	There is involvement of service users and communities in a number of the projects. The impacts vary in the specific areas of work.
6.2 Human Resources and Organisational Development:	Where reviews have the potential to impact on staff within Children's Services, we will ensure that appropriate consultation and communication takes place with trades unions and employees in line with agreed Council policies and procedures.
6.3 Equality, Diversity and Human Rights:	SIC is required to make sure our systems are monitored and assessed for any implications in this regard.
6.4 Legal:	There are a number of projects and key actions within the Children's Services quarter performance overview that have legal implications. Legal advice will be sought as matters progress to ensure that Shetland Islands Council complies with all statutory requirements.
6.5 Finance:	The actions, measures and risk management described in this

	report have been delivered within existing approved budgets.
6.6 Assets and Property:	None.
6.7 ICT and new technologies:	None.
6.8 Environmental:	None.
6.9 Risk Management:	Embedding a culture of continuous improvement and customer focus are key aspects of the Council's improvement activity. Effective performance management is an important component of that which requires the production and consideration of these reports. Failure to deliver and embed this increases the risk of the Council working inefficiently, failing to focus on customer needs and being subject to further negative external scrutiny.
6.10 Policy and Delegated Authority:	The Council's Constitution – Part C - Scheme of Administration and Delegations provides in its terms of reference for Functional Committees (2.3.1 (2)) that they;
	"Monitor and review achievement of key outcomes in the Service Plans within their functional area by ensuring –
	(a) Appropriate performance measures are in place, and to monitor the relevant Planning and Performance Management Framework.
	(b) Best value in the use of resources to achieve these key outcomes is met within a performance culture of continuous improvement and customer focus."
6.11 Previously considered by:	None.

Contact Details:

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Appendices:

Appendix A – Projects and Actions Appendix B – Performance Indicators and Sickness Absences Appendix C – Complaints Appendix D – Risks Managed by Children's Services

Background Documents: *n/a*

Appendix A - Projects and Actions - Children's Services Directorate



Generated on: 24 November 2016

OUR PLAN 2016-2020

New Ander ool	son High The new An environmen	derson High School and I as part of an efficient a	Halls of Residence nd effective school	e will have beer ol service.	n built and will be p	roviding an excellent learn	ling
Code & Title	Description	Desired Outcome	Dat	ies	Progress	Progress statement	Lead
			Planned Start	01-Jan-2013			
D D D D D D D D D D D D D D D D D D D			Actual Start	01-Jan-2013	65%	Work progressing to scheule. The external	0.11
DP006 Nev Anderson I	ligh new Anderson High	on programme and on	Original Due Date	01-Aug-2016	Expected success	cladding and the partitions are being installed.	Children Services
School	School	budget.	Due Date	07-Sep-2017	Ø	Project Management continuing during	Directora
			Completed Date		Likely to meet or exceed target	construction.	

2) Vulnerable Children and young people's opportunities

Code & Title	Description	Desired Outcome	Date	es	Progress	Progress statement	Lead
		Planned Start	31-Oct-2014		The Quality Improvement Framework will report to Education and Families Committee in detail in		
		Actual Start	01-Nov-2014	50%			
	Continue to implement	Sonvico Improvoment	Original Due Date	31-Mar-2020	Expected success	February. There are areas of the Shetland Learning Partnership which have been built into this area of	Children's
DP 137 Quality	the agreed actions from the Quality	Service Improvement in: Attainment	Due Date	31-Mar-2020			
Improvement Framework	Improvement Framework (previously the Schools Comparison Project)	Quality Assurance Effective use of resources.	Completed Date		Likely to meet or exceed target	work. Preparations are well underway for secondary schools to move to a new common timetable structure for May 2018. A final decision on the number of subjects to be studied in S4 will be made in December.	Services Directorate

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Code & Title	Description	Desired Outcome	Date	es	Progress	Progress statement	Lead
			Planned Start	01-Sep-2015		Head Teachers, Quality Improvement Officers,	
		Progress made in	Actual Start	16-Aug-2016	25%	Executive Managers and the Director of Children's	Children's
DP 138 Northern Alliance	in the Northern Alliance to improve aspects of	gap.	Original Due Date	01-Jul-2020	Expected success	Services are all involved collaboratively in	Services
Children's Services	Čloser working on education policy.	Due Date	01-Jul-2020	0	developing strands of the Northern Alliance including	Directorate	
		Completed Date		Likely to meet or exceed target	leadership, early literacy and tackling inequalities.		
Code & Title	Description	Desired Outcome	Date	es	Progress	Progress statement	Lead
			Planned Start	01-Jun-2016		Delivery Plan and timeline shared with all Head Teachers. Visit of Education Scotland on 22/23 August to audit workload. Review of local authorities actions to tackle unnecessary	
			Actual Start	01-Jun-2016	2%		
			Original Due Date	01-Jul-2020	Expected success		
DP 139 Excellence and	Implement locally the	Progress made in	Due Date	01-Jul-2020	Ø		Children's
Equity in Scottish Education	key priorities from the Delivery Plan.	closing the attainment gap.	Completed Date		Likely to meet or exceed target	bureaucracy and reduce workload in schools, published Sept 2016. Action Plan in place. Interim report to Mr Swinney by the end of 2016. Governance Review consultation ongoing. Report to this Committee.	Services Directorate

Code & Title	Description	Desired Outcome	Dat	es	Progress	Progress statement	Lead
	completed on the proposed closure of the secondary department,	Planned Start	01-Jan-2014	I			
		Actual Start	23-Feb-2015	100%			
			Original Due Date	31-Aug-2016	Expected success		
		education at Whalsay School and Mid Yell	Due Date	31-Aug-2016	0		
DP008 Schools Reconfiguration Project	Schools Reconfiguration Project	Junior High School completed, the consultation report written and reported to Shetland Islands Council.	Completed Date	30-Jun-2016	Likely to meet or exceed target	Project has ended.	Children's Services Directorate

Code & Title	Description	Desired Outcome	Date	es	Progress	Progress statement	Lead
		Planned Start	05-Jul-2015		The action plan has been updated with the progress review which will be the focus of the visit		
		Actual Start	05-Jul-2015	60%			
DP136 Inspection of Services for	Work with partners to ensure the agreed	All main points for	Original Due Date	31-Mar-2017	Expected success	commenced on 14 November by the Care	
Children and Young People in	action plan for the inspection of services	action in the report	Due Date	31-Mar-2017		Inspectorate team. The quality indicator which will	Children's Services
Shetland Action Plan	to children in Shetland is implemented.	improved evaluation of quality indicators.	Completed Date		Likely to meet or exceed target	be evaluated is "assessing and responding to risks and needs." The inspection team reported back to officers following positive improvement in this area.	Directorate

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Code & Title	Description	Desired Outcome	Dat	es	Progress	Progress statement	Lead
			Planned Start	15-Apr-2016		A multi-agency meeting was held in April 2016 led	
		Nork in partnership vith Scottish Disability	Actual Start	15-Apr-2016	80%	by Scottish Disability Sport, where there was	
SP 605 Establishing a Disability Sport Branch for Shotland difference difference Shotland difference differ	with Scottish Disability		Original Due Date	31-Mar-2017	Expected success	agreement to establish a Disability Sport Branch in	
	Shetland and teachers	children and young people to participate in	Due Date	31-Mar-2017	0	Shetland. A follow up meeting was held in	Sport & Leisure
	sport and physical activity.	Completed Date		Likely to meet or exceed target	September 2016 and a committee was established to manage the Shetland Branch. An inaugural multi-sport event is being planned for 4 December 2016.	Leisure	
						2010.	
Code & Title	Description	Desired Outcome	Dat	es	Progress	Progress statement	Lead
Code & Title	Description	Desired Outcome	Dat Planned Start	es 01-Apr-2016	Progress		Lead
Code & Title		All babies and young	Planned Start Actual Start		Progress		Lead
Code & Title	Support early literacy	All babies and young children have access to	Planned Start Actual Start	01-Apr-2016		Progress statement 2016-17 materials delivered and distribution organised. Extra training	Shetlan
	Support early literacy	All babies and young	Planned Start Actual Start	01-Apr-2016 01-Apr-2016	90%	Progress statement 2016-17 materials delivered and distribution	

Code & Title	Description	Desired Outcome	Date	es	Progress	Progress statement	Lead
		Planned Start	30-Apr-2016		The regional group has appointed three Chair people from industry to lead the implementation of		
		Actual Start	30-Apr-2016	20%			
		Strategic regional group established and	Original Due Date	31-May-2018	Expected success	Developing the Young Workforce in Shetland. A	
		actions implemented.	Due Date	31-May-2018		bid for funding has been submitted.	
DP 140 Developing Young Workforce (DYW)	Developing Young Workforce – key recommendations will be taken forward through a Strategic Group.	Foundation Apprenticeships will be further developed. A second cohort for 2016- 2018 of the established two programmes will commence. A new programme, the Built Environment is to commence.	Completed Date		Likely to meet or exceed target	There are now young people on the Foundation Apprenticeships for Care and Engineering. Additional Senior Phase Academy on Built Environment has commenced. All young people participating in these courses are offered a paid summer job with an Employer relevant to their course.	Children's Services Directorate

4) Protecting vulnerable Vulnerable children and young people in need of our care and support will be protected from harm. children and young people

Code & Title	Description	Desired Outcome	Date	es	Progress	Progress statement	Lead
			Planned Start	01-Apr-2016		Scottish Futures Trust issued information	
			Actual Start	16-Aug-2016	5%	gathering regarding our current provision for early	
DP 141 Early Learning and Childcare Develop the provision early learning and childcare to meet national requirements.		Shetland to be able to offer 1140 hours of	Original Due Date	31-Mar-2020	Expected success	learning and childcare. This has been completed	Children's
	early learning and childcare by 2020.	Due Date	31-Mar-2020	Ø	and returned. Officers working on implications for	Services Directorate	
	national requirements.		Completed Date		Likely to meet or exceed target	estate. Blueprint for early years consultation period underway. Responses required by January 2017.	
Code & Title	Title Description	Desired Outcome	Date	es	Progress	Progress statement	Lead
	Monitor the	Our looked after	Planned Start	01-May-2016		Corporate Parenting	
	implementation of the Corporate Parenting	children and care leavers are supported	Actual Start	01-May-2016	25%	Strategy being developed following CELCIS Corporate Parenting event	
DD 142 Corporate Sti	Strategy to help ensure that our looked after	by the corporate parent to achieve outcomes	Original Due Date	30-Sep-2017	Expected success		
	children have the same opportunities to	similar to the broader population of young	Due Date	30-Sep-2017		Outcomes being monitored via Children's	Directorate
	succeed as their non- looked after peers.	people in Shetland.	Completed Date		Likely to meet or exceed target	Resources Management Team.	

Code & Title	Description	Desired Outcome	Dat	es	Progress	Progress statement	Lead
			Planned Start	01-Apr-2016			
	To develop purpose	To value our children	Actual Start	01-Apr-2016	25%	Nurturing schools events held in August and Partner	Children'
DP 143 Nurturing Communities	and belonging for our children and young	and young people and ensure that we meet	Original Due Date	01-Jul-2018	Expected success	agency event held in	Services
Communities	people.	their needs.	Due Date	01-Jul-2018	0	Strategy Group established and progressing work.	Directora
		Completed Date		Likely to meet or exceed target	and progressing work.		
Code & Title	Description	Desired Outcome	Dat	es	Progress	Progress statement	Lead
Children in need of		Planned Start	01-Apr-2016				
	Children in need of long term care do not experience unnecessary delay	decision making with	Actual Start	01-Apr-2016	5%	and the Scottish Government, to achieve excellence in permanency	Children's Services Directorate
DP 144			Original Due Date	01-May-2020	Expected success		
Permanency			Due Date	01-May-2020	<u> </u>		
			Completed Date		Experiencing issues, risk of failure to meet target		
Code & Title	Description	Desired Outcome	Dat	es	Progress	Progress statement	Lead
		Children requiring to	Planned Start	01-Nov-2015		Windybrae now open offering additional	
		live out with their family can do so in the	Actual Start	01-Nov-2015	70%	capacity. Carer Scheme and Carer Recruitment Strategy agreed. Work ongoing with Legal	
DP 145 Residential and	Build capacity in our residential and foster	Shetland community unless there is a	Original Due Date	30-Nov-2016	Expected success		Children Services
Foster Care	care resources.	significant level of need that cannot be met	Due Date	30-Nov-2016	<u> </u>		Directora
		from within Shetland resources	Completed Date		Experiencing issues, risk of failure to meet target	Business Case for residential services currently being developed.	

Code & Title	Description	Desired Outcome	Date	es	Progress	Progress statement	Lead	
			Planned Start	01-Aug-2016		The Director and		
DP 146 Participation	articipation rategy for hetland's Young	The children and young	e children and young Actual Start 01-Aug-2016 2%		2%	Executive Managers, Schools and Quality	Children's	
Strategy for		noonlo across	Original Due Date	31-Aug-2017	Expected success	Improvement have been visiting schools, meeting	Services	
People		heard.	Due Date	31-Aug-2017	0	young people and discussing their views on	Directorate	
	people.		Completed Date		Likely to meet or exceed target	relevant matters.		
Code & Title	Description	Desired Outcome	Date	es	Progress	Progress statement	Lead	
			Planned Start	01-Sep-2016				
DP 147	Consultation with young	All areas of the Directorate will engage	Actual Start		0%	Who Cares commissioned	Children's	
Consultation with	people will be a priority in all areas of	appropriately with children and young	Original Due Date	31-Jul-2017	Expected success	to advocate for looked	Services	
Young People	the Directorate.	people on their service area.	Due Date	31-Jul-2017	Ø	children and young people.	Directorate	
		area.	Completed Date		Likely to meet or exceed target			

6) Physical and cultural activities

More children will be taking part in physical and cultural activities – developing healthy lifestyles for playing a full and active part in Shetland community life.

Code & Title	Description	Desired Outcome	Date	es	Progress	Progress statement	Lead
			Planned Start 01-Apr-2015		\bigcirc	During the second quarter of 2016-17 97% of play	
DP014 Continue to manage,	Continue to inspect, maintain and manage		Actual Start	10-Nov-2015	100%	areas throughout Shetland were inspected with	
maintain and inspect the	play areas throughout Shetland including the	More children and young people are	Original Due Date	31-Mar-2016	Expected success	maintenance works agreed and actioned.	Sport & Leisure
portfolio of play areas throughout	refurbishment of the		Due Date	30-Sep-2016	I	The construction phase of Nesting Play Area project	
Shetland including the refurbishment of the Stendaal Play area in Nesting.	Stendaal Play Area in Nesting and a partial refurbishment of the Charlestown Play Area in Whalsay	learn through active and to learn through active play	Completed Date	05-Oct-2016	Likely to meet or exceed target	was completed by the end of August 2016. Works have been completed on the refurbishment of Charlestown Play Area in Whalsay.	Leisure

Code & Title	Description	Desired Outcome	Dat	es	Progress	Progress statement	Lead
			Planned Start	01-Apr-2015		The Shetland Sporting Partnership - Strategic	
		sport and physical activity in Shetland	Actual Start	18-May-2016	50%	Group have undertaken a public consultation review	
			Original Due Date	31-Mar-2017	Expected success	of the current Sports Strategy, which also	
DP115 Shetland Sport and	Undertake consultation on the new Shetland		Due Date	31-Mar-2017	0	included seeking priorities for the development of the	Children's
Physical Activity Strategy	Sport and Physical Activity Strategy to commence in 2017.	through community and stakeholder consultation. Increased likelihood of individuals being more physically active and reaching their potential in sport.	Completed Date		Likely to meet or exceed target	new Shetland Sport and Physical Activity Strategy. The findings of this review were presented to the Shetland Partnership Board on 25 October 2016 and will be presented to a Shetland Sports Forum on 16 November 2016.	Services Directorate
Code & Title	Description	Desired Outcome	Dat	es	Progress	Progress statement	Lead
			Discussed Oferst	04 4 0040			

Code & Title	Description	Desired Outcome	Dat	es	Progress	Progress statement	Lead
			Planned Start	01-Apr-2016			
	To actively promote leisure reading and literacy in school and		Young people enjoy			Successful summer activities, being followed	
SP 606 Leisure Reading	public libraries,	and develop personal reading and creative	Original Due Date	31-Mar-2017	Expected success	up by Primary 1 book	Shetland Library
	writing in Shetland	writing.	Due Date	31-Mar-2017	0	gifting and 'Every Child a Library Member' campaign.	
	dialect.		Completed Date		Likely to meet or exceed target		

D) COMMUNITY STRENGTH

5) Vulnerable people's opportunities

People, particularly those from vulnerable backgrounds, will be getting access to the learning and development opportunities that allow them to best fulfil their potential.

Code & Title	Description	Desired Outcome	Date	es	Progress	Progress statement	Lead
	Continue to provide	All members of the public, particularly those who are isolated	Planned Start	01-Apr-2016			
SP 607 Free	adequate free library and information		Actual Start	01-Apr-2016	60%	Promotion and outreach	
Library and Information	services, including internet access and to		Original Due Date	31-Mar-2017	Expected success	extension of family	Shetland Library
Services	give people support and encouragement to		Due Date	31-Mar-2017	0	outreach in Brae and work with mental health groups.	
	use digital technology.	accessing them.	Completed Date		Likely to meet or exceed target		

Appendix B Performance Indicators (Quarterly)- Children's Services Directorate



Generated on: 24 November 2016

	Previou	is Years	Current year (to date)	Quarters						
Code & Short Name	2014/15	2015/16	2016/17	Q3 2015/16	Q4 2015/16	Q1 2016/17	Q2 2016/17	Q2 2016/17	Graphs	(past) Performance & (future) Improvement Statements
	Value	Value	Value	Value	Value	Value	Value	Target		
CF01 LAC reviews done within required timescales	93%									Figures from Q3 2015/16 unavailable due to no independent review officer in place. New appointment made in November 2016 and procedures for collation of data to be put in place.
CF02 Reports to the Reporter provided within timescale	84%	90%	96%	74%	87%	92%	100%	90%	100% 90% 80% 70% 60% 50% 40% 30% 20% 10% 0% c ₂ ³ 8 th c _k ⁸ 8 th c _k ⁸ 8 th c _k ⁸ 8 th	90% Target being met for 16/17. Social workers now aim to have reports completed two days ahead of due date.

	Previou	is Years	Current year (to date)		Qua	rters				
Code & Short Name	2014/15	2015/16	2016/17	Q3 2015/16	Q4 2015/16	Q1 2016/17	Q2 2016/17	Q2 2016/17	Graphs	(past) Performance & (future) Improvement Statements
	Value	Value	Value	Value	Value	Value	Value	Target		
CF04 Number of children involved in Child Protection investigations	245	174	90	46	23	54	36		55 50 45 40 45 30 25 20 15 10 5 0 25 20 5 0 25 20 5 0 25 20 5 20	No target set, for monitoring purposes only. Increase in numbers over the last year due to improved screening process.
CF05 Number of Child Protection investigations progressed to initial Case Conference	19	21	10	3	1	5	5			No target set, for monitoring only. Continue to monitor number of investigations.
CF06 Number of Case Conferences held within 21 days of decision to progress	100%	100%	100%	100%	100%	100%	100%	100%	100% 90% 80% 70% 60% 50% 40% 30% 20% 10% 0% 22% 0% 0% 22% 0% 20% 0% 20% 0% 0% 20% 0% 20% 0% 20% 0% 20% 0% 20% 0% 0% 20% 0% 20% 0% 20% 0% 20% 0% 0% 20% 0% 20% 0% 20% 0% 20% 0% 20% 0% 0% 20% 0% 0% 0% 0% 0% 0% 0% 0% 0% 0% 0% 0% 0	Target consistently being met.

	Previou	is Years	Current year (to date)	Quarters					
Code & Short Name	2014/15					Q1 2016/17	Q2 2016/17		Graphs
CF07 Child Protection - % of Case Conference reviews held within 6 month timescales	Value	Value 95%	Value 87.65%	Value 80%	Value	Value 92%	Value 83.3%	Target	100% 1 90% 1 80% 70% - 60% - 50% -
CF08 Child Protection - % of Core Group meetings held monthly for each child	91%	91.1%	92.95%	84.6%	88.9%	96.6%	89.3%	100%	100%
CR01 Annual Inspection Reports	100%	100%	100%	100%	100%	100%	100%	100%	100% 90% B0% Consistently meeting all Care Inspectorate inspection standards. 70% B0% B0% B0% B0% 70% B0% B0% B0% B0% 50% B0% B0% B0% B0% B0% 50% B0% B0% B0% B0% B0% B0% 50% B0% B0%

	Previou	is Years	Current year (to date)		Qua	rters			
Code & Short Name		2015/16	2016/17		Q4 2015/16	Q1 2016/17		Q2 2016/17	
CR02 Number of Respite Nights (ASN)	Value 1,070	Value 877	Value 409	Value 186	Value 185	Value 215	Value	Target	Performance: Consistent number of nights provided each quarter. Improvement: Continue to ensure the assessed needs of children are met within existing resources
CR03 Number of Respite Day Hours	16,157	13,774	6,342	3,032	2,926	3,399	2,943		Performance: 3,000 2,500 1,500 1,500 0 C2 ^{,600} 2,000 1,500 0 C2 ^{,600} 2,000 1,500 0 C2 ^{,600} C2 ^{,700} C2 ^{,70}
CR04 Number of occupancy nights - Grodians	587	686		92	90				Performance: Slight increase in number of nights provided last year. Improvement: Children and Young People in need of residential care will have their needs met within Shetland

	Previou	is Years	Current year (to date)		Qua	rters			
Code & Short Name	2014/15	2015/16	2016/17	Q3 2015/16	Q4 2015/16	Q1 2016/17	Q2 2016/17	Q2 2016/17	7 Graphs (past) Performance & (future) Improvement Statements
	Value	Value	Value	Value	Value	Value	Value	Target	
CR05 Number of Respite Nights - Windybrae	22	93		0	16				Performance: High variation in nights in each quarter. Inc 7.5 5 2.5 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0
CR06 Number of Fostering Nights	4,092	3,977	1,810	885	893	899	911		A C C Performance: Increase in usage over last few years. Improvement: Recruitment of foster carers will continue to be a priority in order to ensure the assessed needs of children are met
LB01 Number of library items issued quarterly (1,000s)	156.8	147.9	72.0	38.0	36.6	35.3	36.7	37.5	Performance: 35.0 30.0 25.0 20.0 15.0 10.0 5.0 0 25.0 20.0 15.0 0 25.0 20.0 15.0 0 25.0 20.0 15.0 0 25.0 20.0 15.0 0 25.0 20.0 15.0 0 25.0 20.0 15.0 0 25.0 20.0 15.0 0 25.0 20.0 15.0 0 25.0 20.0 15.0 0 20.0 15.0 0 20.0 15.0 0 20.0 15.0 0 20.0 15.0 10

	Previou	is Years	Current year (to date)		Qua	rters			
Code & Short Name		2015/16	2016/17	Q3 2015/16	Q4 2015/16	Q1 2016/17	Q2 2016/17	Q2 2016/17	Graphs (past) Performance & (future) Improvement Statements
	Value	Value	Value	Value	Value	Value	Value	Target	
LB03 Number of library events held	149	192	87	56	59	42	45	30	Performance: 787 people attended in-house events and these attracted new users. Children's summer workshops were very popular. Improvement: Maintain events programme for varied groups; particularly work to welcome nervous or disadvantaged new users.
LB04 Library Outreach: Number of events delivered	149	103	59	29	21	28	31	25	Performance: Well on target; 1376 people attended our outreach events which mainly targeted children and families. Improvement: Continue focus on early years attainment. Visit every school for P1 book gifting in November
OPI-4C-B Sick %age - Children's Services Directorate	3.7%	2.9%	2.0%	2.9%	3.4%	2.3%	1.6%	3.6%	Averages for 2016/17 year well within a.0% a.0% b.5% c.5% c.0% c.5% c.6

	Previou	is Years	Current year (to date)		Qua	rters			
Code & Short Name	2014/15	2015/16	2016/17	Q3 2015/16	Q4 2015/16	Q1 2016/17	Q2 2016/17	Q2 2016/17	Graphs (past) Performance & (future) Improvement Statements
	Value	Value	Value	Value	Value	Value	Value	Target	
OPI-4E-B Overtime Hours - Children's Services Directorate	3,645	6,250	2,526	1,022	1,748	1,087	1,439		1,750 1,250 1,250 1,250 2,500
OPI-4G-B Employee Miles Claimed - Children's Services Directorate	335,53 9	308,59 7	136,77 2	75,841	72,666	82,473	54,299		Reduction in 2016/17 levels from previous years. The reduction is also due to the Summer holiday period.
SL01 All play areas inspected at least 4 times a year	95.5%	97%	97%	96%	99%	96%	97%	90%	Performance Statement: Target met for first and second quarters of 2016/17 with inspections being completed routinely. Improvement Statement: Ensure all targets continue to be met within existing resources.

	Previou	s Years	Current year (to date)		Qua	rters			
Code & Short Name	2014/15	2015/16	2016/17	Q3 2015/16	Q4 2015/16	Q1 2016/17	Q2 2016/17	Q2 2016/17	Graphs (past) Performance & (future) Improvement Statements
	Value	Value	Value	Value	Value	Value	Value	Target	
SL06 Room bookings in Islesburgh - % of rooms in use	58%	56.58%	53.5%	60.67%	62%	61.33%	45.67%	60%	 Performance Statement: Islesburgh Community Centre continues to be well used throughout the year but a decrease in usage over the holiday periods has a detrimental effect on overall annual booking figures. Improvement Statement: To maintain high level of usage within current operational and budgetary constraints.
SQ04 Attendance rates - primary school pupils	95.6%	95.9%	96.7%	95.7%	95.1%	96.5%	96.9%	95.1%	90% Performance: 80% Consistently higher than national average (95.1%). 70% Improvement: 50% To be monitored quarterly to maintain high levels.
SQ05 Attendance rates - secondary school pupils	94.3%	93.2%	93.75%	92.2%	92.2%	94.1%	93.4%	91.9%	90% Performance 80% Consistently higher than national average over the course of the last full year (91.9%). 50% Improvement: 50% To be monitored quarterly to maintain high

	Previou	is Years	Current year (to date)		Qua	rters				
Code & Short Name	2014/15	2015/16	2016/17	Q3 2015/16	Q4 2015/16	Q1 2016/17	Q2 2016/17	Q2 2016/17	Graphs	(past) Performance & (future) Improvement Statements
	Value	Value	Value	Value	Value	Value	Value	Target		
SQ06 Positive inspection reports of pre-school settings	100%	100%		100%	100%				100% 90% - 80% - 70% - 60% - 50% - 40% - 30% - 20% - 10% - 0% -	Performance: Consistently meeting all Care Inspectorate inspection standards. No inspections published in 2016/17 so far. Improvement: Quality Improvement will continue to monitor this excellent position to ensure it is maintained.
SQ07 Positive inspection reports for schools	100%	100%	100%	100%	100%		100%	100%	100% 90% - 80% - 70% - 60% - 50% - 40% - 20% - 10% - 0% - Ca ^{206¹⁶} Ca ^{206¹⁶} Ca ^{206¹¹⁶} Ca ^{206¹¹¹}	Performance: Consistently meeting all Care Inspectorate inspection standards. No inspections done in Q1. Improvement: Quality Improvement will continue to monitor this excellent position to ensure it is maintained.

Appendix B (cont) - Sickness Absences - All Directorates (for comparison)

NOTE: Sickness absences are very seasonal, therefore this quarter is compared to the same quarter last year (rather than compared to the previous quarter).

Generated on: 24 November 2016

		Previou	is Years		Last year	This year
Short Name	2012/13	2013/14	2014/15	2015/16	Q2 2015/16	Q2 2016/17
	Value	Value	Value	Value	Value	Value
Sickness Percentage - Whole Council	4.1%	3.6%	4.2%	3.7%	3.2%	2.4%
Sick %age - Chief Executive's "Directorate"	3.6%	1.4%	2.4%	3.6%	0.3%	1.5%
Sick %age - Children's Services Directorate	2.8%	2.8%	3.7%	2.9%	2.1%	1.6%
Sick %age - Community Health & Social Care Directorate	6.4%	6.0%	6.0%	5.7%	5.4%	3.9%
Sick %age - Corporate Services Directorate	3.0%	1.6%	2.4%	1.8%	1.0%	1.9%
Sick %age - Development Directorate	3.7%	2.7%	4.2%	3.5%	3.2%	3.0%
Sick %age - Infrastructure Directorate	4.0%	3.4%	4.0%	3.8%	3.8%	2.1%

Appendix C - Complaints - Children's Services Directorate



This shows all complaints that were open during the Quarter. Frontline complaints should be closed within 5 working days Investigations should be closed within 20 working days Generated on: 24 November 2016

Failure to provide a service

ID	Stage Title	Received Date	Status	Closed Date	Service/Directorate	Days Elapsed
COM-16/17-474	Frontline	02-Aug-2016	Closed	19-Aug-2016	Children's Services Directorate	13
COM-16/17-515	Frontline	23-Sep-2016	Alert		Schools	44

Standard of service received

ID	Stage Title	Received Date	Status	Closed Date	Service/Directorate	Days Elapsed
COM-16/17-475	Frontline	18-Aug-2016	Closed	19-Aug-2016	Schools	1
COM-16/17-478	Frontline	23-Aug-2016	Closed	25-Aug-2016	Schools	2
COM-16/17-482	Frontline	25-Aug-2016	Closed	01-Sep-2016	Schools	5
COM-16/17-495	Frontline	30-Sep-2016	Closed	05-Oct-2016	Children's Services Directorate	7

Dissatisfaction with Council policy

ID	Stage Title	Received Date	Status	Closed Date	Service/Directorate	Days Elapsed
COM-16/17-485	Frontline	22-Sep-2016	Closed	28-Sep-2016	Children's Services Directorate	4

Behaviour/Attitude of staff

ID	Stage Title	Received Date	Status	Closed Date	Service/Directorate	Days Elapsed
COM-15/16-427	Investigation	19-Feb-2016	Closed	22-Nov-2016	Schools	196
COM-16/17-470	Frontline	12-Aug-2016	Closed	22-Aug-2016	Children's Resources	6
COM-16/17-492	Frontline	25-Aug-2016	Closed	09-Oct-2016	Children's Services Directorate	25

Cannot group these rows by Complaint Type Description

ID	Stage Title	Received Date	Status	Closed Date	Service/Directorate	Days Elapsed
COM-16/17-455	Frontline	07-Jul-2016	Closed	14-Jul-2016	Schools	5

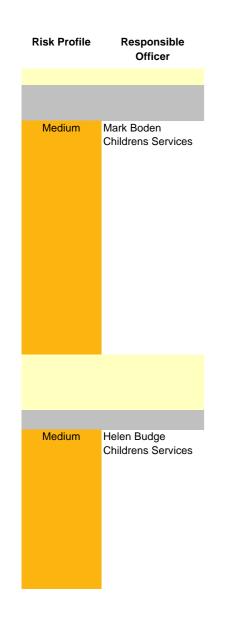
Risk Assessment - Childrens Services Appendix D

		urrent		nt - Onnarens Gervices Append		Controlled
Risk & Details	Likelihood	Impact	Risk Profile	Current and Planned Control Measures	Probabilty	Impact
Category	Corporate					
Corporate Plan	F1. Our "20 by '20"	- Leadersh	ip & Man	agement		
EC0026 - Professional - Other - Failure to deliver major AHS build project on time and on budget. Complex project involving several external parties, following a methodology not previously used by the Council Design Build Financial Model (DBFM) which increases the risk of the project going off track. However, financial close was achieved in July 2015, and construction has commenced. A lack of understanding of DBFM, project management failure or partner failure can lead to project delay and/or budget rises, negative reaction in press and public. Project completion is currently timetabled for Sept 2017		Significant	Medium	Project risk register which is closely monitored and managed	Unlikely	Significant
Category	Directorate					
Corporate Plan	F1. Our "20 by '20"	' - Leadersh	ip & Man	agement		
EC0016 - Accidents /Injuries - Staff/Pupils/ Clients/Others - Children's Services has a large number of staff across many services. A failure or lapse in professional standards, or unforseen incident could cause or lead to injury or harm to staff in the course of their employment, impact on communities, litigation, liability, press interest.	Possible	Significant	Medium	• DMT to review PIN stats and policies. MAPA training (new CALM) for staffMay '16 update - MAPA training underway. PIN stats analysis requested	Possible	Minor

EC0018 - Breach of Legislation - Data Protection, Human Rights, Employment Practice, Health and Safety etc - Children's Services operate within a complex legislative environment and is required to comply with national and local policies including equalities, etc, a breach of any of these could lead to a failure to meet statutory objectives, Care Inspectorate/ Health and Safety investigation, Poor report, censure, HSE improvement/ prohibition notice or prosecution	Rare	Significant	Low	 Wide-ranging GIRFEC training delivered and rolled out by CS staff inc to ASN service, implement of DPA training, Comply with ERD policy to ensure training needs are met. FOISA training being provided for staff. Safety Section to be asked to review schools risk assessments in order to identify gaps and support staff with trainingand other input as and when identified 	Rare	Minor
EC0020 - Deadlines - failure to meet - Organisation works within the, sometimes conflicting requirements for confidentiality, to meet FOISA, adress complaints and be transparent and publicly accountable	Possible	Significant	Medium	 System and plan in place to ensure new complaints are recorded and managed consistently. SW is carrying out a piece of work to ensure that complaints are handled consistently. Covalent access and understanding is improving. CSMT have proposed a Head Teacher to participate in complaints review. 	Unlikely	Significant
Corporate Plan	F5. Our "20 by '20'	' - Standard	ls of Gove			
EC0019 - Publicity - bad - Children's Services operates within the requirements of FOISA, confidentiality and public accountability. These different priorities can conflict. Communications and media misperception continues to be a challenge. A failure to share information/ mis-perception by media or incident can lead to negative media coverage & reputational damage		Significant	Medium	• Communications Policy/ Strategy is followed by staff, major projects have specific communications strategies as required under PRINCE2, e.g. Quality Improvement Framework.	Unlikely	Significant
EC0022 - Key staff - loss of - Children's Services has a large cohort of staff with many specialist teaching posts. Shetland is a small place with a limited pool of labour. Also, unemployment is low. Vacant posts are difficult to fill, and this is acute in some areas. Retirement or resignation, particularly in specialist posts in secondary, can lead to recruitment costs, on-going vacancies and pressure on remaining staff	Possible	Major	High	Regular monitoring of workforce profile information including recruitment and retention is carried out to be able to respond appropriately where there are hot spots. A further review of social work by the Chief Social Worker in partnership with HR will also inform where further changes can be made.	Possible	Significant
Corporate Plan	F8. Our "20 by '20'	' - Efficient				

EC0017 - Economic / Financial - Other - EC0017 - Economic / Financial - Other - Children's Services is required to make significant savings as part of the organisation's Medium Term Financial Plan. If savings projects fail or are delayed, the Service/ Directorate will fail to make the required savings, organisation wont meet	Almost Certain	Major	High	 Children's Services continues to work towards realising efficiency savings 	Unlikely	Significant
Category	Operational					
Corporate Plan	A4. Young People	- Protecting	g vulnerab	le children and young people		
EC0025 - Breach of Legislation - Data Protection, Human Rights, Employment Practice, Health and Safety etc - Misplaced or lost Unencrypted Pen Drives by member of staff, containing sensitive information regarding pupils with additional support needs. A current work stream is in place to address this but until that is complete, the risk remains live. In the interim, further (temporary) controls have been put in place following an incident.	Possible	Significant	Medium	• Check to ensure that confidential/Sensitive information is held securely. Work plan in place -staff to meet with rep from Legal and the Team Leader, Admin Services, to review electronic data management. Children's Services employee currently reviewing Children's Services paper records. Once those pieces of work are complete, further requirements will be identified and work plan timetabled. pen drives now encrypted, and staff reminded about risk and controls.	Rare	Minor
Corporate Plan	D5. Community St	rength - Vu	Inerable p	eople's opportunities		
EC0011 - Health and safety - Statutory inspections - Hayfield House is a large building with 96 staff. A Serious incident, including loss of life or serious injury, Loss of part or all of the building, Failure to ensure regular health and safety checks are carried out within Hayfield House could lead to a HSE inspection/ investigation. Could result in Legal and Financial Implications, Service delivery disrupted or stopped.	Unlikely	Major	Medium	 Regular Safety ChecksBuilding Services - PAT testing - annual Fire Risk Assessment and Plan reviewed annually Weekly fire alarm checks Yearly fire evacuation drills Annual check of fire fighting equipment Building checklist emailed to management team - 11 Oct 2016 Monthly safety checks including emergency lighting etc •Business Continuity Plan in place 	Rare	Significant

, 21 November, 2016



Low	Helen Budge Childrens Services
Medium	Helen Budge Childrens Services
Medium	Helen Budge Childrens Services
Medium	Helen Budge Childrens Services





Meeting(s):	Education and Families Committee	5 December 2016
Report Title:	Management Accounts for Education and Families Committee:	
	2016/17 - Projected Outturn at Quarter 2	
Reference	F-073-F	
Number:		
Author /	Jonathan Belford - Executive Manager - Finance	
Job Title:		

1.0 Decisions / Action required:

1.1 The Education and Families Committee RESOLVES to review the Management Accounts showing the projected outturn position at Quarter 2.

2.0 High Level Summary:

- 2.1 The purpose of this report is to enable the Education and Families Committee to monitor the financial performance of services within its remit to ensure that Members are aware of the forecast income and expenditure and the impact that this will have with regard to delivering the approved budget. This report shows the projected financial consequence of the service performance detailed in the Children's Services Directorate and Development Directorate Performance Reports, and allows the Committee the opportunity to provide early instruction to officers to address any forecast overspends in order that the budget is delivered by year-end.
- 2.2 This report presents the projected outturn position for 2016/17 as at the end of the second quarter for revenue and capital. The forecasts have been determined by Finance Services after consultation with the relevant budget responsible officers.
- 2.3 The projected revenue outturn position for the services in this Committee area is an underspend of £26k (0.07%) which means the services in this Committee area are collectively projected to spend less than their Council approved budget. This includes £305k of recurring savings.
- 2.4 The projected capital outturn position for the services in this Committee area is an underspend of £3,761k in 2016/17, with a requirement for slippage of £3,767k to 2017/18 resulting in an overall overspend position of £6k (0.04%) which means the services in this Committee area are collectively projected to spend more than their Council approved budget.
- 2.5 See appendices 1 and 2 attached for detailed information on the revenue and capital outturn position.

3.0 Corporate Priorities and Joint Working:

3.1 There is a specific objective in the Corporate Plan that the Council will have excellent financial management arrangements to ensure that it continues to keep a balanced and sustainable budget, and is living within its means; and that the Council

continues to pursue a range of measures which will enable effective and successful management of its finances over the medium to long term. This involves correct alignment of the Council's resources with its priorities and expected outcomes, and maintaining a strong and resilient balance sheet.

The Medium Term Financial Plan also includes a stated objective to achieve financial sustainability over the lifetime of the Council.

4.0 Key Issues:

- 4.1 On 10 February 2016 (SIC Min Ref: 2/16) the Council approved the 2016/17 revenue and capital budgets for the Council (including the General Fund, Harbour Account, Housing Revenue Account and Spend to Save) requiring a draw from reserves of £8.106m. It is vital to the economic wellbeing of the Council that the financial resources are managed effectively and expenditure and income is delivered in line with the budget, as any overspends will result in a further draw on reserves and would be evidence that the Council is living beyond its means.
- 4.2 This report forms part of the financial governance and stewardship framework which ensures that the financial position of the Council is acknowledged, understood and quantified on a regular basis. It provides assurance to the Corporate Management Team and the Committee that resources are being managed effectively and allows corrective action to be taken where necessary.
- 4.3 Since the approval of the 2016/17 budget, revisions to the budget have been incorporated for the Council's budget carry-forward scheme. Therefore this report refers to the revised budget that is now in place for each of the services.
- 4.4 Provision was made in the Council's 2016/17 Budget for cost pressures and contingencies. This budget covers both Council-wide and service specific issues. It is held centrally by the Executive Manager Finance.
- 4.5 Cost pressures are recurring in nature and increase the base cost of the service being delivered, eg pay awards, whereas contingency items are deemed non-recurring and likely to vary year on year, eg off island placements.
- 4.6 This approach assists the Council to mitigate any spending risks. However, it is expected that services will endeavour, in the first instance, to meet any additional costs from within existing resources.
- 4.7 The Children's Services Directorate were projecting an outturn overspend position, and as such an allocation of £1,212k has been made to the Children's Services Directorate from the contingency budget to meet the cost of the following:
 - Holiday pay relating to overtime and additional hours £111k
 - Additional cost of the living wage hourly rate £115k
 - Teachers' pay award £340k
 - Off Island Placements £498k
 - Increased demand within Children's Residential £148k

This position will be reviewed quarterly.

5.0 Exempt and/or confidential information:

5.1 None		
6.0 Implications :		
6.1 Service Users, Patients and Communities:	None	
6.2 Human Resources and Organisational Development:	None	
6.3 Equality, Diversity and Human Rights:	None	
6.4 Legal:	None	
6.5 Finance:	The 2016/17 Council budget does not require a draw on reserves in excess of the returns that the fund managers can make on average in a year, and therefore demonstrates that the Council is living within its means. To achieve this, a one-off underspend from the 2015/16 budget has been used to balance the General Fund. This is a one-off solution for 2016/17. For every £1m of reserves spent in excess of a sustainable level will mean that the Council will have to make additional savings of £73k each year in the future as a result of not being able to invest that £1m with fund managers to make a return. It is therefore vital that the Council delivers its 2016/17 budget, and this report demonstrates that the services under the remit of the Education and Families Committee are projecting to achieve this from the Children's Services and Development Directorates' overall budgets.	
6.6 Assets and Property:	None	
6.7 ICT and new technologies:	None	
6.8 Environmental:	None	
6.9 Risk Management:	There are numerous risks involved in the delivery of services and the awareness of these risks is critical to successful financial management.	
	From a financial perspective, risks are an integral part of planning for the future, as assumptions are required to be made.	

6.11 Previously considered by:	within its remit are operating within the approved budgets.	
6.10 Policy and Delegated Authority:	Section 2.1.2(3) of the Council's Scheme of Administration and Delegations states that the Committee may exercise and perform all powers and duties of the Council in relation to any function, matter, service or undertaking delegated to it by the Council. The Council approved both revenue and capital budgets for the 2016/17 financial year. This report provides information to enable the Committee to ensure that the services	
	Any draw on reserves beyond the Council's sustainable level would have an adverse impact on the level of returns from the Council's long-term investments. This situation would require to be addressed quickly to ensure no long term erosion of the investments.	
	A strong balance sheet and the availability of usable reserves ensure that the Council is prepared for significant unforeseen events.	
	The Council makes provision within its budget for cost pressures that may arise. This approach provides additional confidence for the Council to be able to mitigate any adverse financial circumstances.	
	This report is part of the framework that provides assurance, or recognition of any deviation from the budget that may place the Council in a financially challenging position and requires remedial action.	
	 The main financial risks for services reporting to this Committee are: Unexpected demand for services which may be costly depending on the circumstances. 	
	These assumptions can be affected by many internal and external factors, such as supply and demand, which may have a detrimental financial impact.	

Contact Details:

Mairi Thomson, Management Accountant, 01595 744695, mairi.thomson@shetland.gov.uk

Appendices:

Appendix 1 – Education and Families Committee Projected Revenue Outturn Position for 2016/17

Appendix 2 – Education and Families Committee Projected Capital Outturn Position for 2016/17

Background Documents:

SIC Budget Book 2016-17, SIC 10 February 2016 http://www.shetland.gov.uk/coins/submissiondocuments.asp?submissionid=18870

Education and Families Committee

1. Projected Revenue Outturn Position 2016/17

2016/17 Projected Outturn at Q1		2016/17 Revised Annual Budget Q2	2016/17 Projected Outturn at Q2	Proj. Outturn
£000		£000	£000	£000
(3) (180) 0 72 0	Director of Children's Services Children & Families Children's Resources Library Quality Improvement/Schools Sport & Leisure Community Planning & Development	1,588 1,130 4,007 894 30,740 1,171 318	1,605 1,154 4,020 892 30,712 1,149 292	(17) (24) (13) 3 28 23 26
(99)	Total Controllable Costs	39,848	39,822	26

An explanation for the main variances by service at quarter 2 is set out below.

1.1 Director of Children Services - projected outturn overspend (£17k) (1%)

There are no significant variances in this service area.

1.2 Children and Families - projected outturn overspend (£24k) (2%)

There are no significant variances in this service area.

1.3 Children's Resources- projected outturn overspend (£13k) (0.3%)

Within this service there is a projected overspend (£280k). This is in relation to additional staffing and property costs in order to re-open Windybrae and continue to utilise Arheim and a further property in Lerwick due to the increased demand for local placements on the Children's Residential service (£226k), and the use of Agency Staff until these posts were filled (£54k).

One-off savings have been made within the Short Breaks service of £69k, due to vacant posts and operational efficiencies.

Funding of £148k has been transferred from the cost pressure and contingency budget in order to cover this overspend.

1.4 Library - projected outturn underspend £3k (0.3%)

There are no significant variances in this service area.

1.5 Quality Improvement and Schools- projected outturn underspend £28k (0.1%)

Within this service there is a projected overspend of (£340k) in relation to:

- Sickness cover across the service (£225k), particularly in Primary Schools (£44k), ASN (£59k) and the Catering & Cleaning Service (£64k);
- Maternity benefit payable to staff (£81k);
- Increased need within the ASN service (£40k).

This is offset by recurring savings of £305k indentified through staffing reductions and operational efficiencies which will go towards meeting savings targets required in 2017/18.

1.6 Sport and Leisure- projected outturn underspend £23k (2%)

There are no significant variances in this service area.

1.7 Community Planning and Development – projected outturn underspend £26k (8%)

The position for Community Planning & Development's budget overall is an underspend of £19k, part of which is included in this report.

The service provided in relation to this Committee is: Community Development.

There are no significant variances in this service area.

Education and Families Committee

2. Projected Capital Outturn Position 2016/17

2016/17		2016/17	2016/17	2016/17	Slippage	Overall
Budget v		Revised	Projected	Budget v	Required	Projected
Proj. Outturn		Annual	Outturn	Proj. Outturn	in	Outturn
Variance at Q1	Service	Budget	at Q2	Variance at Q2	2017/18	Variance
(Adv)/ Pos		Q2		(Adv)/ Pos		(Adv)/Pos
£000		£000	£000	£000	£000	£000
	Quality Improvement/					
2,744	Schools	15,052	11,291	3,761	3,767	(6)
2,744	Total Controll	15,052	11,291	3,761	3,767	(6)

An explanation for the main variances is set out below.

2.1 Quality Improvement and Schools - projected outturn overspend £6k (0.04%)

• The outturn for contract works payments for the Halls of Residence and the Clickimin works have been revised downwards due to the payments not being drawn down as fast as anticipated. The projected outturn overspend of (£6k) is due to a minor overspend on the Clickimin Path works.



Meeting(s):	Education and Families Committee	5 December 2016
Report Title:	Education and Families Committee Business Pro	ogramme – 2016/17
Reference Number:	GL-50-16-F	
Author / Job Title:	Team Leader - Administration	

1.0 Decisions / Action required:

1.1 That the Education and Families Committee considers its business planned for the remaining quarters of the current financial year (1 April 2016 to 31 March 2017), and RESOLVES to approve any changes or additions to the business programme.

2.0 High Level Summary:

- 2.1 The purpose of this report is to inform the Committee of the planned business to be presented to Committee for the remaining quarters of the financial year 1 April 2016 to 31 March 2017, and discuss with Officers any changes or additions required to that programme.
- 2.2 The presentation of the Business Programme 2016/17 on a quarterly basis provides a focussed approach to the business of the Committee, and allows senior Officers an opportunity to update the Committee on changes and/or additions required to the Business Programme in a planned and measured way.

3.0 Corporate Priorities and Joint Working:

3.1 Our Plan 2016, in its 20 by 20 states that:-"High standards of governance, that is, the rules on how we are governed, will mean that the Council is operating effectively and the decisions we take are based on evidence and supported by effective assessments of options and potential effects".

4.0 Key Issues:

4.1 The Council approved the schedule of meetings for 2016/17 at its meeting on 16 December 2015 (Min Ref: 79/15).

It was agreed that the Business Programmes for each Committee would be presented to the Planning and Performance Management Framework (PPMF) meetings, which are held on a quarterly basis, for discussion and approval.

- 4.2 The manner in which meetings have been scheduled is described below:
 - Ordinary meetings have been scheduled, although some have no scheduled business at this stage. Where there is still no scheduled business within two

weeks of the meeting, the meeting will be cancelled;

- Special meetings may be called on specific dates for some items other agenda items can be added, if time permits;
- PPMF = Planning and Performance Management Framework meetings have been called for all Committees and Council once per quarter. These meetings are time restricted, with a specific focus on PPMF only, and therefore no other business will be permitted on those agendas;
- Budget = Budget setting meetings other agenda items can be added, if time permits, or if required as part of the budget setting process; and
- In consultation with the Chair and relevant Members and Officers, and if required according to the circumstances, the time, date, venue and location of any meeting may be changed, or special meetings added.
- 4.3 The Business Programme for 2016/17 is presented by Committee Services to the Council and each Committee on a quarterly basis for discussion and approval, particularly in relation to the remaining projects and reports which are listed at the end of the business programme page for each Committee as still to be scheduled.

5.0 Exempt and/or confidential information:

- 5.1 None
- **6.0** Implications : Identify any issues or aspects of the report that have implications under the following headings

6.1 Service Users, Patients and Communities:	The Business Plan provides the community and other stakeholders with important information, along with the Council's Corporate and Directorate Plans, as to the planned business for the coming year.
6.2 Human Resources and Organisational Development:	None
6.3 Equality, Diversity and Human Rights:	None
6.4 Legal:	None
6.5 Finance:	There are no direct financial implications in this report, but indirect costs may be avoided by optimising Member and officer time.
6.6 Assets and Property:	None
6.7	None

ICT and new technologies:	
6.8 Environmental:	None
6.9 Risk Management:	The risks associated with setting the Business Programme are around the challenges for officers meeting the timescales required, and any part of the business programme slipping and causing reputational damage to the Council. Equally, not applying the Business Programme would result in decision making being unplanned and haphazard and aligning the Council's Business Programme with the objectives and actions contained in its corporate plans could mitigate against those risks.
6.10 Policy and Delegated Authority:	Maintaining a Business Programme ensures the effectiveness of the Council's planning and performance management framework. The Business Programme supports each Committee's role, as set out in paragraph 2.3 of the Council's Scheme of Administration and Delegations.
6.11 Previously considered by:	N/A N/A

Contact Details:

Lynne Geddes Committee Officer Tel Ext: 4592 Email: lynne.geddes@shetland.gov.uk 23 November 2016

Appendices:

Appendix 1 – Education and Families Committee Meeting Dates and Business Programme 2016/17

Background Documents:

Report GL-60-F: SIC Diary of Meetings 2016/17 http://www.shetland.gov.uk/coins/Agenda.asp?meetingid=4785



		Education and Families Committee	d R=Referred
Quarter 1	Date of Meeting	Business	u n-nejerreu
1 April 2016 to 30 June 2016	<i>Ordinary</i> 11 April 2016 10am	External Audit Reports: Care Inspectorate and Education Scotland	D
		Naming the New Halls of Residence	D
		College Integration – Progress Update and Next Steps	R SIC 20 April
		Management Accounts – Quarter 4	D
	PPMF	Children's Services Directorate – Performance Overview – Quarter 4	D
	23 May 2016 10am	Development Services Directorate – Performance Overview – Quarter 4	D
		Committee Business Programme 2016/17	D
	<i>Special</i> 9 June 2016 10am	Mid Yell & Whalsay Consultation Reports	SIC 9 June
		Shetland College Term Dates 2016/17	D
		Early Years Report Pre-School Provision – Cost Analysis/Increased Entitlement	D
		Education Summit – Next Steps	D
	Ordinary 13 June 2016	Developing the Young Workforce and Shetland Learning Partnership	D
	10am	Delegation of Authority for Shetland College Board	SIC 29 June
		College Integration – Progress Update and Next Steps	SCB 16 June SIC 29 June
		Shetland's Autism Spectrum Disorder Strategy 2016-2021 (being reported to IJB CC-26)	D
		Progress Report on Children's Services Inspection	D



		Education and Families Committee D= Delegated R=Referred	
Quarter 2	Date of Meeting	Business	
1 July 2016 to 30 September 2016		Management Accounts – Quarter 1	D
2016	<i>PPMF</i> 29 August 2016 10.00am	Children's Services Directorate – Performance Overview – Quarter 1	D
		Committee Business Programme 2016/17	D
Quarter 3 1 October 2016		Chief Social Work Officer Annual Report	D
to 31 December 2016		Disability Shetland Holiday Club Inspection Report	D
		Isles Haven Nursery Inspection Report	D
		Short Breaks for Children – Inspection Reports	D
		Adoption Service Inspection 2016	D
		Fostering Service Inspection 2016	D
	Ordinary 3 October 2016 10am	Halls of Residence Naming	D
	Ioani	Fee Paid Carer Proposals and Fostering Allowances 2017/18 Proposal	R P&R 24 Oct
		Janet Courtney Halls of Residence – Care Inspectorate Inspection	D
		Inspection of Services for Children and Young People	D
		Child Protection Committee Annual Report & Business Plan	D
		Care Inspectorate/Education Scotland – Dunrossness Primary School	D
		Commonwealth Games Legacy Report Update	D



		Education and Families Committee – continued	
		D= Delegated R=Referred	
Quarter 3	Date of Meeting	Business	
continued		Children's Services Directorate – Performance Overview – Quarter 2	D
		Empowering Teachers, Parents and Communities to Achieve Excellence and Equity in Education – A Governance Review. Response from Education and Families Committee	D
	PPMF and Budget 5 December 2016 10am	Shetland's Autism Spectrum Disorder Strategy 2016-21 and Action Plan – Progress	D
		Committee Business Programme 2016/17	D
		Management Accounts – Quarter 2	D
Quarter 4	Date of Meeting	Business	
1 January 2017 to 31 March	Ordinary 6 February 2017 10 am	Quality Improvement Framework	D
2017		Children's Services Directorate Plan 2017-18	D
		Allocations Policy for Halls of Residence	D
		Telepresence	D
		2017-18 Budget and Charging Proposals	R P&R 13 Feb SIC 15 Feb



Quarter 4 continued		Management Accounts – Quarter 3	D
	<i>PPMF</i> 6 March 2017 10am	Children's Services Directorate - Performance Overview Quarter 3	D
		Committee Business Programme 2017/18	D

Planned Committee business still to be scheduled - as at Tuesday, 29 November 2016

- Public Library Assessment Report
- Zetland Educational Trust

tbc = to be confirmed

PPMF = Planning and Performance Management Framework meetings – no other business to be added Budget = Budget setting meetings – other items can be added if time permits Ordinary = Ordinary meetings – other items can be added Special = Special meetings arranged for particular item(s) – other items can be added if time permits

END OF BUSINESS PROGRAMME as at Tuesday, 29 November 2016



Shetland Islands Council

Meeting(s):	Education and Families Committee	5 December 2016
Report Title:	Empowering teachers, parents and communities to Equity in Education – a Governance Review. Response and Families Committee.	
Reference Number:	CS-35-16-F	
Author / Job Title:	Helen Budge, Director of Children's Services	

1.0 **Decisions / Action required:**

1.1 That the Education and Families Committee considers and approves the response prepared on its behalf in respect of Empowering teachers, parents and communities to achieve Excellence and Equity in Education - A Governance Review, subject to any comments made at this meeting.

2.0 **High Level Summary:**

2.1 The Scottish Government published its Governance Review document in September 2016. This review asks a number of questions about the governance of Scottish education. The Scottish Government is inviting comment and as such a response has been prepared, as appended, on behalf of the Education and Families Committee. The consultation period ends on 6 January 2017.

3.0 **Corporate Priorities and Joint Working:**

3.1 The provision of education in Shetland delivers on a number of key priorities of the Council with particular reference to:

Local Outcome Improvement Plan:

• Shetland is the best place for children and young people to grow up.

Corporate Plan

- Young People:
 - The New Anderson High School and Halls of Residence will have been built 0 and will be providing an excellent learning environment as part of an efficient and effective schools service.
 - Children and young people, particularly those from vulnerable backgrounds and 0 in care, will be getting the learning and development opportunities that allow them to fulfil their potential.
 - Shetland Learning Partnership will be providing opportunities for young people 0 to gain workplace experience and vocational qualifications while at school, giving them the skills they need to get jobs or continue into further education.

Children's Services Directorate Plan

- The best possible start for every child
- Protect vulnerable and disadvantaged young people
- Working with partners to achieve best results
- Our public services are high quality, continually improving, efficient and responsive to local people's needs
- Our young people are successful learners, confident individuals, effective contributors and responsible citizens
- Our children have the best start in life and are ready to succeed.
- 3.2 The provision of Children's Services in Shetland relies on the effective joint working between different organisations such as NHS Shetland, Police Scotland and the voluntary sector.
- 3.3 There is increased collaborative working between Shetland and other local authorities, as part of the Northern Alliance, which comprises Directors and their staff from the following authorities: Aberdeen City Council, Aberdeenshire Council, Moray Council, Highland Council, Western Isles Council, Orkney Islands Council.

4.0 Key Issues:

4.1 A draft response has been prepared on behalf of the Education and Families Committee in respect of the Scottish Government's Governance Review. The Committee is being asked to consider and approve the draft response that has been prepared by officers, and that it will be finalised subject to comments made at the committee meeting.

5.0 Exempt and/or confidential information:

5.1 None.

6.0 Implications:	
6.1 Service Users and Communities:	The impacts at present are unknown, as there is a lack of clarity around what any such impacts may be. They are potentially quite far reaching, particularly if allowances are not made for the island authorities. For pupils and their parents/carers the key question will be one of funding. The majority of Shetland's schools would not be viable independently, and it is not clear as yet what any revised funding model would look like. This may then have implications for the school estate in future years.
6.2 Human Resources and Organisational Development:	If the Scottish Government moves to regionalisation, it is not clear from the documentation available which body, or organisation, would be responsible for the employment of staff. It may be that schools employ their own staff. There would be significant human Resource and Organisational Development implications for Shetland Islands Council should these proposals go ahead in their current form. It is not clear whether there will be a move to centralise Human Resource functions in any regional arrangements. This would create a level of uncertainty in a profession where recruitment and retention is already challenging.

	There will be a need to work closely with the trade unions during this period of uncertainty and potential change.
6.3 Equality, Diversity and Human Rights:	No equalities impact assessment required at this stage.
6.4 Legal:	No legal implications at present. This may change should the Scottish Government amend the current governance arrangements for the delivery of education in Scotland.
6.5 Finance:	None at present. This may change should the Scottish Government amend the current governance arrangements for the delivery of education in Scotland. Members of the Committee should give particular consideration to the response to Question 11, as per the appended document.
6.6 Assets and Property:	No implications at present. This may change should the Scottish Government amend the current governance arrangements for the delivery of education in Scotland. No mention is made thus far in any of the documentation for how property would be dealt with in any revised model.
6.7 ICT and new technologies:	No implications at present. This may change should the Scottish Government amend the current governance arrangements for the delivery of education in Scotland. If more autonomy is devolved to schools then potentially head teachers will have the autonomy to use whichever ICT systems they wish.
6.8 Environmental:	No implications. A Strategic Environmental Impact Assessment is not required.
6.9 Risk Management:	Not required at this stage.
6.10 Policy and Delegated Authority:	In accordance with Section 2.3.1 of the Council's Scheme of Administration and Delegations, the Education and Families Committee has responsibility for decision making on matters delegated to it within its remit, which includes school education. This report is related to the function of an education authority.
6.11 Previously considered by:	None.

Contact Details:

Shona Thompson, Executive Manager – Schools Tel: 01595 743965, E-mail: <u>shona.thompson@shetland.gov.uk</u> Report Finalised: 24 November 2016

Appendices:

Appendix 1: Respondent Information Form

Background Documents:

Empowering teachers, parents and communities to achieve Excellence and Equity in Education. A Governance Review.



Empowering teachers, parents and communities to achieve Excellence and Equity in Education A Governance Review

RESPONDENT INFORMATION FORM

Please Note this form must be returned with your response.

Are you responding as an individual or an organisation?

Individual

Organisation

Full name or organisation's name

Education and Families Committee of the Shetland Islands Council.

Phone number

01595 744500

Address

Shetland Islands Council, Town Hall, Lerwick, Shetland

Postcode

ZE1 OHB.

Email

info@shetland.gov.uk

The Scottish Government would like your permission to publish your consultation response. Please indicate your publishing preference:

Publish response with name

Publish response only (anonymous)

Do not publish response

We will share your response internally with other Scottish Government policy teams who may be addressing the issues you discuss. They may wish to contact you again in the future, but we require your permission to do so. Are you content for Scottish Government to contact you again in relation to this consultation exercise?

\boxtimes	Yes
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No No

QUESTIONNARE

Question 1

What are the strengths of the current governance arrangements of Scottish education?

Comments

It should be recognised that procedures and systems have been legitimately developed to reflect local needs and circumstances, and variation between local authority areas is not necessarily a bad thing.

Resources are distributed fairly and equitably by the central service. Time consuming tasks are carried out by the central service as far as possible and work is underway to reduce that burden yet further for schools. The management of risk is carried by the central service in large part, which in itself is inherently bureaucratic.

Given our demographics, and geography, the central service manages the sharing of staff between schools. Also, head teachers do need support and challenge and sometimes intervention is necessary. In extreme cases, it may be necessary to remove staff from post and the responsibility for this type of activity is best managed centrally.

The central service monitors outcomes for the authority area as a whole.

Local delivery allows for flexibility and local solutions.

Children's Services Department is currently well supported by other council services: ICT; Building Services; Transport Planning; Finance and Human Resources.

Question 2

What are the barriers within the current governance arrangements to achieving the vision of excellence and equity for all?

Comments

Money and resources.

Maintaining the teacher number agreement. Relaxation of that would mean that we could better direct some of our finite resources.

Should the above key principles underpin our approach to reform? Are there other principles which should be applied?

Comments

We would not disagree with the principles however some consideration needs to be given to the unique position of Shetland as an island authority and the principle of island proofing.

It would be helpful to have greater clarity on the drivers for the changes proposed and how these contribute to the delivery of an overall educational improvement strategy?

There is little, or no, mention of children's services throughout the documentation. The NHS in particular requires to be considered to ensure that its role in integrated children's services is conserved and enhanced.

The structural organisation of local authorities is such that education cannot, and should not, be singled out from the wider system.

There is a need for recognition of pupils with additional support needs.

Question 4

What changes to governance arrangements are required to support decisions about children's learning and school life being taken at school level?

Comments

This is directly at odds with the standardisation being proposed in the guidance which supports the review of the Standards in Scotland Schools etc. Act 2000.

Some things about children's learning have to be decided at local authority level in Shetland – the number of small schools with links to the Anderson High School for example – transitions and progression. Also, there is an expectation on the part of head teachers and parents that we will do this. Otherwise, at individual level, decisions are already taken by schools. Some of our larger schools could make changes to their staffing arrangements were autonomy for that devolved and they had sufficient budget.

Devolved School Management has never operated in Shetland in the way that the government intended, and cannot due to the number of very small schools and the impossibility of devolving very small amounts of money that head teachers can then do nothing with. Over the years, the number of devolved budgets has decreased, at head teacher request, e.g. energy budgets, as there is no capacity to deal with any increases in cost.

What services and support should be delivered by schools? What responsibilities should be devolved to teachers and headteachers to enable this? You may wish to provide examples of decisions currently taken by teachers or headteachers and decisions which cannot currently be made at school level.

Comments

Currently head teachers in Shetland can take decisions about learning and teaching at school level – delivery of education in the classroom and the quality assurance thereof.

They cannot take decisions in relation to the provision for those children with additional support needs, catering and cleaning, building maintenance, music instruction and peripatetic expressive arts teaching – these areas of service are managed centrally. To do otherwise would be extremely difficult as rolls fluctuate and pupils move between settings, also, you then create diseconomies of scale.

Increased autonomy at school level will lead to increased levels of bureaucracy, thus diverting school managers away from the priority of learning and teaching.

Clarity is required on where the responsibility for monitoring outcomes will lie?

Question 6

How can children, parents, communities, employers, colleges, universities and others play a stronger role in school life? What actions should be taken to support this?

Comments

How Good is Our School 4 is quite clear about the benefits of family learning. The draft guidance in respect of the review of the Standards in Scotland's Schools etc. Act 2000, provides a useful list of consultees. These documents already exist. A Developing Young Workforce Regional Group has been recently established in Shetland, with its membership drawn from the tertiary sector, key local employers and employer representative groups, social enterprise and voluntary sector, as well as the local authority. Engaging with parents and pupils is one of the Group's key aims.

Developing closer working relationships with colleges to support delivery of the Senior Phase.

Supporting parents to recognise the variety of qualifications gained by young people.

How can the governance arrangements support more community-led early learning and childcare provision particularly in remote and rural areas?

Comments

Increased funding and provision of qualified staff. Also flexibility / relaxation of qualifications in very remote rural areas.

Enhanced transport links and the necessary associated funding to enable access to any such provision.

Reduced model of Care Inspectorate and Education Scotland scrutiny in this regard to enable this to happen – bureaucracy of such has dis-incentivised childminders and the like.

Question 8

How can effective collaboration amongst teachers and practitioners be further encouraged and incentivised?

Comments

The Northern Alliance has successfully led the sharing of good practice, and the appointment of lead persons has been an important contributor to this success. This effective means of collaboration should be supported financially to enable the increased participation of teachers and head teachers to actively develop learning and teaching and share all such good practice. Work currently underway comprises integrated children's services planning; literacy; rural schools; deprivation, to give but a few examples. All of these contribute to meeting the overall aims of the Delivery Plan.

Given the introduction of the national standards and benchmarks and the work required of the local authority in this regard around quality assurance and moderation, it is hard to see how this would be managed in a way other than by the central service.

One other key to better collaboration amongst authority staff, and to include those in other authorities, is connectivity and the requirement for the roll out of high speed broadband.

What services and support functions could be provided more effectively through clusters of schools working together with partners?

Comments

Moderation and curriculum development.

Sharing of teaching staff – currently organised and managed centrally but this could come under the remit of one or other head teacher.

Recruitment of staff.

Janitorial staff – opportunity to share staff across clusters – not all schools have janitors. Taking that a step further, there may be the opportunity to explore this in a wider context with colleagues in health, and with other partners such as Shetland Recreational Trust and NHS Shetland, given the proximity of health centres, leisure centres and care homes to some of our rural schools – opportunities for a more campus style arrangement and true partnership working?

Collaborative working across authorities = sharing of expertise, e.g. Quality Improvement visits between Orkney and Shetland.

Question 10

What services or functions are best delivered at a regional level? This may include functions or services currently delivered at a local or a national level.

Comments

Curriculum Development

Cross authority support and challenge

Chief Officer (or equivalent) networking and support

Improvement and Performance, including Quality Assurance and Professional Development

What factors should be considered when establishing new educational regions?

Comments

Geography, demographics, size and parity of funding.

Island proofing and government commitments in this respect.

Impact of Community Empowerment legislation.

To whom would any regional board be accountable?

Clarity is needed in terms of who would be the employer in any regional arrangement?

Who would be responsible for Quality Improvement, given that it's a statutory requirement for local authorities at present?

The fundamental question for Shetland Islands Council would be around the level of funding for education? Currently the Council subsidises the provision of education by some £14 Million pounds annually – will the government increase their current level of funding to a new regional board to enable that provision to continue? If it does not, then those requirements laid down in the Schools (Consultation) (Scotland) Act 2010 will need to be relaxed. Communities in Shetland hold their rural schools dear and have made their views well known over these preceding years during various school closure consultations; similarly, Councillors have made their intentions clear as regards Shetland's school estate – that estate cannot be run on the funding which is made available by the Scottish Government currently.

Willingness to work together.

Readiness of staff to work in a different way.

Flexibility of structure.

Question 12

What services or support functions should be delivered at a national level?

Comments

National scrutiny and fair distribution of money. Policy development. Regulation. Inspection. Benchmarking. Qualifications. Collective bargaining. Workforce development.

How should governance support teacher education and professional learning in order to build the professional capacity we need?

Comments

The programme for head teacher development will need to change if the responsibilities are going to change. Applying to become a head teacher will become a very different prospect. This is exacerbated in a place like Shetland where we have difficulty in recruiting to such posts, particularly when 18 out of our 29 head teachers are teaching head teachers, and in some instances, are the only teacher.

Early Years and Primary qualification. Flexibility of qualification / Dual qualification.

Question 14

Should the funding formula for schools be guided by the principles that it should support excellence and equity, be fair, simple, transparent, predictable and deliver value for money? Should other principles be used to inform the design of the formula?

Comments

The present funding arrangements of schools reflects local circumstances – see response to Question 11. The costs of running the education service in an island authority are inflated significantly for many reasons; this makes comparisons difficult and standardisation of an approach across Scotland challenging. It is not certain what the benefit of a national, standardised approach to a funding formula would be?

There must be greater attention paid to rural deprivation – the SIMD data is not so relevant for a place like Shetland; neither is the application of free school meal data. Deprivation in its widest sense needs to be considered and work is being done by the Northern Alliance in this respect.

Funding and resourcing for children with additional support needs raises important issues. Arrangements must conserve and support development of inclusive approaches and be flexible to both the needs of the child and where they are educated, bearing in mind that there are no Special Schools in Shetland. It would not be reasonable to expect that schools could meet ASN requirements from pre-set budgets.

The costs of meeting maternity cover could not sensibly be met by school budgets; ditto the costs of supply cover – again impossible in very small, remote rural schools. How would property maintenance costs, including any provision for emergencies, be factored in to school budgets? Economies of scale are easily lost in a place like Shetland where we have a number of very small schools with few pupils.

Where does the organisation and budget for school transport fit in?

Question 15 What further controls over funding should be devolved to school level?

Comments

Most head teachers in Shetland are not keen for any more devolution of 'business' related responsibility. This would require significant investment in additional staffing and systems. We have radically reduced support staff, both in schools and in the central service, to meet budget savings targets and to protect those staff at the front line, therefore we are not appropriately staffed to be able to deal with any such devolution.

As mentioned at Question 13, 18 of our 29 head teachers are teaching head teachers, and in some of our very small schools they are the only teacher; some cognisance must be taken of this. Learning and teaching is the focus for all our head teachers – that's how they want it to remain.

Question 16

How could the accountability arrangements for education be improved?

Comments

The outcome of the Governance Review could make this more difficult – who will monitor?

There is currently too much scrutiny and more joint working in this respect is required. There are currently differences in expectation between Education Scotland and the Care Inspectorate, for example, and a simpler model would be beneficial.

Is there anything else you would like to add regarding the governance of education in Scotland?

Comments

The consultation is framed around leading questions, limiting the nature of the response. It is therefore difficult to respond without knowing some more of the detail of what is being proposed. It is hard to understand what the benefits for children and young people will be?

A number of respondents have not answered the questions but have chosen instead to send in an overall response.

Considerable thought would need to be given to transition to any new arrangements, with adequate lead in time to allow for proper planning and implementation.

The unique position of island authorities requires to be recognised.

Can schools embrace the scale of change that may come? What is the state of readiness of teachers and head teachers to take on more responsibility? Head teachers in Shetland are very clear on this point.

There is little mention of GIRFEC in the documentation – what are the Government's plans for that in a regional model?

Similarly, there is little mention of partnership working.

The present roles and division of responsibilities between the Scottish Negotiating Committee for Teachers (SNCT) and the Local Negotiating Committee for Teachers (LNCT) would need to be considered in any substantive change to governance structures.

Where do the statutory responsibilities go if the money goes directly to schools? Continuous local accountability is essential. Local authorities have the statutory responsibility for the delivery of services, as well as answerability to the electorate.

Shetland Islands Health and Social Care Partnership



Agenda Item

Meeting(s):	Education and Families Committee Integration Joint Board	5 December 2016 9 December 2016			
Report Title:	Shetland's Autism Spectrum Disorder Strategy 2016 – 2021 Action Plan - Progress Update				
Reference Number:	CC-87-16 F				
Author / Job Title:	Clare Scott, Executive Manager Adult Services, and Social Care	Community Health			

1.0 Decisions / Action required:

1.1 That the Education and Families Committee and Integration Joint Board (IJB) **NOTE** the progress made by the Shetland's Autism Spectrum Disorder Strategy Working Group in taking the Shetland's Autism Spectrum Disorder Strategy 2016 – 2021 Action Plan forward and highlight any issues or concerns to advise the Council and Community Health and Social Care of their views and/or advise the Council and Community Health and Social Care on any matters where they want to see action taken.

2.0 High Level Summary:

- 2.1 The purpose of this report is to provide the Education and Families Committee and IJB with an overview of key activities of the Shetland's Autism Spectrum Disorder Strategy Working Group to date following final approval of the Shetland's Autism Spectrum Disorder Strategy 2016-21 on 27th April 2016 (IJB) and 13th June 2016 (E&FC). It was agreed that the Action Plan would be monitored via six-monthly updates to the Committee and IJB.
- 2.2 The report and appendices provides information and an action plan based on 6 Local Goals Themes identified in the Shetland's Autism Spectrum Disorder Strategy 2016 – 2021 as priority areas for local development and improvement.
- 2.3 The Shetland's Autism Spectrum Disorder Strategy Working Group comprises of representatives from Community Health and Social Care, Children Services, NHS Shetland, 3rd Sector and Carers. From June 2016, the Group met on a monthly basis to establish a Terms of Reference (Appendix 1) and agree an initial action plan framework. In September 2016 the Strategy Group agreed that a smaller sub-group should be formed, the Shetland's Autism Spectrum Disorder Strategy Focus Group, to take forward the intensive ground work that will assist delivery of the 6 Local Goals. The Focus Group meets regularly reporting into the Strategy

Working Group who now meet on a quarterly basis.

- 2.4 The Focus Group has concentrated on comprehensively mapping current assets, both in-house and in the community, linking to our 6 local key themes; Awareness Raising and Workforce Development; Assessment and Diagnosis; Active Citizenship; Transition; Support for Families and Carers; Employment; and is underway with mapping those to key performance indicators, targets and measures at a local and national level, including, Scottish Strategy for Autism Best Practice Indicators; Keys 2 Life; Managing Inclusion; and Health and Wellbeing Outcomes.
- 2.5 'Dovetailing' of services, provision and opportunity to support the all age/whole life approach of the Shetland's Autism Spectrum Disorder Strategy is an underpinning value of the Focus and Strategy Groups work. Good practice is being shared and challenges and gaps are being identified to inform further action to improve outcomes for people with autistic spectrum disorder, their families and carers in Shetland.

3.0 Corporate Priorities and Joint Working:

- 3.1 The Corporate Plan, 'Our Plan 2016 2020' states the aim that as many as possible of the outcomes set out are achieved by the end of the plan. Shetland's Autism Spectrum Disorder Strategy 2016 2021 and Action Plan supports delivery of the following Council priorities in Our Plan 2016-20, with a specific focus on Autism Spectrum Disorder:
 - To make Shetland the best place for children and young people to grow up
 - Children and young people, particularly those in care, will be getting the learning and development opportunities that allow them to fulfil their potential
 - Shetland learning partnership will be providing opportunities for young people to gain workplace experience and vocational qualifications while at school, giving them the skills they need to get jobs or continue into further education.
 - Young people will feel that their voices are being heard by the council, having regular opportunities to have a say on issues that affect them.
 - People who are living with disabilities or long-term conditions will be getting the services they need to help them live as independently as possible.
 - People will be supported to look after and improve their own health and wellbeing, helping them to live in good health for longer.
 - Our Integrated Health and Social Care services will be providing the services people need in a more efficient way, improving standards of care and keeping people healthier for longer
 - People, particularly those from vulnerable backgrounds, will be getting access to the learning and development opportunities that allow them to best fulfil their potential.
- 3.2 NHS Shetland 2020 Vision: to deliver sustainable high quality, local health and care services, that are suited to the needs of the population; to make best use of our community strength, community spirit and involvement; for people to make healthy lifestyle choices, and use their knowledge and own capacity to look after themselves and each other.
- 3.3 Community Health and Social Care and Children Services contribute the Corporate Priorities as detailed in the Children's Services and Community Health and Social Care Directorate plans and respective Service plans.

3.4 The Shetland's Autism Spectrum Disorder Strategy Working Group and Focus Group comprises of representatives from Community Health and Social Care, Children Services, NHS, 3rd Sector and Carers and strongly supports a joint working approach.

4.0 Key Issues:

- 4.1 Autism spectrum disorder is a unique and lifelong condition which affects children and adults and is recognised by Scottish Government as a national priority.
- 4.2 Locally, we need to consider the impact of the developing health and social care integration, locality working and reducing budgets on delivery of improved outcomes for people with autism spectrum disorder, their families and carers.
- 4.3 Early intervention, barrier identification, reduction and removal are amongst the key factors in the successful delivery of the vision that people with autism spectrum disorder, their families and carers are respected, accepted and valued by their communities; and can have confidence to be treated fairly by services.

5.0 Exempt and/or confidential information:

NONE

6.0 Implications :

Service Users, Patients and Communities:	The Shetland's Autism Spectrum Disorder Strategy and Action Plan are intended to bring about improvement in the way services are provided for people with autism spectrum disorder throughout the lifespan, ensuring that Shetland responds to the unique needs of individuals. The Shetland's Autism Spectrum Disorder Strategic and Focus Group include carers in their membership and take account of the views of carers and those who use services.
Human Resources and Organisational Development:	There are no significant Human Resources implications however the Strategy and Action Plan does include considerable reference to workforce development, with a view to ensuring a joint approach is taken wherever that is possible to meet the needs of the respective staff groups.
Equality, Diversity and Human Rights:	The Shetland's Autism Spectrum Disorder Strategy and Action Plan are intended to improve matters of equality and equity for people with autism spectrum disorder, their families and carers and as such there is no requirement for further equality impact assessment.
Legal:	While there are no direct legal implications arising from this Report, the Shetland's Autism Spectrum Disorder Strategy and Action Plan will assist the Council and NHS Shetland to meet its statutory obligations across a number of service areas.
Finance:	This report is intended to provide Members with information to help when considering financial priorities. There are no financial implications arising from the ongoing development and implementation of the Shetland's Autism Spectrum Disorder

	Strategy and Action Plan. Costs are currently being met from within existing budgets and external funding will continue to be sought wherever possible.				
Assets and Property:	No implications.				
ICT and new technologies:	No implications.				
Environmental:	No implications.				
Risk Management:	This report provides Members with information in relation to Shetland's progress towards delivering improved outcomes for children and adults with autism spectrum disorder, their families and carers.				
	The risk of not delivering against the Shetland's Autism Spectrum Disorder Strategy 2016 - 21 is that we will not achieve Scottish Government's aims of improving outcomes for people with autism spectrum disorder, their families and carers, by 2021.				
Policy and Delegated Authority:	 The Council's Constitution – Part C – Scheme of Administration and Delegations provides its terms of reference for Functional Committees (2.3.1 (2)) that they; "Monitor and review achievement of key outcomes in the Service Plans within their functional area by ensuring; (a) Appropriate performance measures are in place, and to monitor the relevant Planning and Performance Management Framework (b) Best value in the use of resources to achieve these key outcomes is met within a performance culture of continuous 				
.	improvement and customer focus"				
Previously considered by:	Education and Families Committee5 December 2016IJB Committee9 December 2016				

Contact Details:

Clare Scott,

Executive Manager Adult Services, Shetland Community Health and Social Care. clare.scott@shetland.gov.uk

Appendices:

Appendix 1: Shetland's Autism Spectrum Disorder Strategy - Working Group Terms of Reference

- Appendix 2: Shetland Autism Spectrum Disorder Working Group Action Plan V6.1 Updated 31.10.16
- Appendix 3: Shetland's Autism Spectrum Disorder Strategy 2016 21

Background Documents:

The Scottish Strategy for Autism (2011 – 2021) http://www.gov.scot/Resource/Doc/361926/0122373.pdf http://www.autismstrategyscotland.org.uk/

The Keys to Life: Improving Quality of Life for People with Learning Disability http://www.gov.scot/resource/0042/00424389.pdf

Managing Inclusion http://www.shetland.gov.uk/education/asn_inclusion.asp

Shetland Autism Spectrum Disorder Strategy Working Group Terms of Reference

Vision

Our vision is that people with autism and their families, living in Shetland, feel accepted and valued by their community and have equal access to knowledgeable services, when they need them, so that they are able to live the lives they choose.

Purpose of the Group

The Shetland Autism Strategy Working Group will bring together public, statutory, third sector organisations and lay members who are involved in supporting people with autism to develop an action plan; address gaps in services for people with autism and reduce or eliminate overlap in the provision of these services in line with the aims of the Shetland Autism Strategy and the Scottish Strategy for Autism.

Objectives

- 1. To develop and implement an action plan with clear objectives and milestones for delivery in line with the Shetland Autism Strategy and the Scottish Strategy for Autism.
- 2. To monitor and input into the existing work plans that ensure the vision and recommendations of the Shetland's Autism Strategy 2016-2021 (Young People and Adults) are achieved.
- 3. Regularly review the progress of the action plan to ensure that it reflects the needs and aspirations of all stakeholders.
- 4. To recommend and establish new work streams as necessary to achieve the vision and recommendations of Shetland's Autism Strategy.
- 5. To promote joint working to share resources and expertise and exchange local and national information of good practice.
- 6. To provide reports to appropriate Council, Health Board and Integration Joint Board Committees that details the progress and constraints in implementing the strategy.
- 7. To raise the profile of Autism Spectrum Disorder (ASD) within all services, ensuring that workers are aware of the particular needs of people with ASD and are equipped with the skills and knowledge to offer appropriate support.
- 8. In relation to 4 above the Shetland Autism Strategy Working Group will continue to monitor the development monies given by the Scottish Government to ensure they are being used in an effective and efficient way in line with the agreed expenditure plan.
- 9. To ensure that all stakeholders, including service users, families and carers are engaged in, and fully involved in the development and ongoing implementation of Shetland Autism Strategy.

Appendix 1

10. To promote connectivity or maintain links with a range of appropriate Groups and Plans, including the following:

Children's Services Education Health Allied Health Professionals Adult Services Carers Link Group Voluntary Action Shetland

11. To contribute to the attainment of wider Community Health and Social Care and Council goals particularly those relating to social inclusion.

How we will meet our Objectives

- The Shetland Autism Strategy Working Group will meet on a monthly basis.
- The Executive Manager Adult Services will Chair meetings.
- The Chair will coordinate the Agenda and arrange for a note of meetings to be circulated for approval.
- Members of the Shetland Autism Strategy Working Group have a responsibility to attend meetings or provide a nominated substitute.
- The Shetland Autism Strategy Working Group will nominate other members where appropriate to give specialist advice as necessary when developing and working through the Action Plan.

Membership and Chair

- Executive Manager Adult Services
- Child and Family Health Manager
- Clinical Director Consultant Psychiatrist
- Community Care Social Worker
- Executive Manager Allied Health Professionals
- Executive Manager Children's Resources
- Service Manager Mental Health
- Executive Manager Quality Improvement ASN
- Health Improvement Mental Health Forum
- Lay Member
- Lay Member Family/Carer
- Principal Educational Psychologist
- Training Manager (Council)
- Training Manager (NHS)
- Team Leaders:
 - Children's Short Breaks
 - Supported Living and Outreach

The expectation is that members will attend as often as possible, or send a suitably briefed depute or representative.

The Shetland Autism Strategy Working Group may invite additional persons or representatives to its meetings as may be able to assist with the business. Page 2 of 2 FINAL 5th April 2015

Shetland's ASD Strategy: Local Goal	S ASD Strategy Outcome (What we want to achieve)	Current Assets (What we have/do)	Progress So Far	Gap Identified (What more do we need to do)	Additional Action Required to Address Gap	KPI
No. 1. Awareness Raising and Workforce Development.	Increased level of awareness in the community People employed across all sectors will recognise the unique needs of people with ASD. We will work to ensure that clear information is available to people with ASD, their families, and carers, regarding local services available.	 Radio Shetland – Heartbeat April 2016 - Autism; https://soundcloud.com/bbcradios hetland/shetlands-heartbeat- wednesday-6th-of-april-2016 Promotion of Autism Awareness Campaigns in conjunction with World Autism Awareness Week Monday 27 March to Sunday 2 April 2017. Information available at http://www.autismnetworkscot land.org.uk/shetland/ Shetland Autism Network Facebook page administered by VAS. Regular update and promotion of information relevant to people with autism, their families and carers. Promotion of local and national ASD related events. https://www.facebook.com/sh etlandautism 		Increase further the level of awareness in the community.	 Ongoing promotion. Develop ASD related information and materials presence on SIC, NHS internet pages. Link information on SIC/ NHS Internet to Information available at <u>http://www.autismnetwo</u> <u>rkscotland.org.uk/shetla</u> <u>nd/</u> Shetland Autism Network Facebook page administered by VAS. Regular update and promotion of information relevant to people with autism, their families and carers. Promotion of local and national ASD related events. 	 The Scottish Strategy for Autism; which includes Ten Indicators of Best Practice. P9 of: http://www.au tismstrategys cotland.org.uk /index.php?op tion=com doc man&Itemid= &gid=40&Iang =en&task=do c_download
	Community Awareness Raising and Workforce development has achieved; Practice Level 1 Autism Informed (NES Optimising	Geoff Evans Video – Autism Spectrum Disorder	Executive Manager Adult Services to check content for public use. If suitable make available and promote.			

Outcomes).	Autism Spectrum Disorder Basic Awareness – Online interactive e- learning	Online interactive e- learning via iLearn. <u>http://tracking.brightwave.</u> <u>co.uk/LNT/Shetland/MyLe</u> <u>arning.aspx?ts=2903040&</u> <u>ts=636111067097579838</u> Personal Skills → Essential Communication→ Autism Spectrum Disorder Basic Awareness This course is suitable for all Shetland Islands Council (SIC) staff and will help you to question whether your job role brings you into contact with those with an Autism Spectrum Disorder and if so what your next step should be.	Accessible to SIC employees only at present	Make accessible to NHS & 3 rd sector colleagues	ASD St	Shetland's ASD Strategy Shetland Island Councils
	Level 1 - Raising Awareness of ASD and Social Communication Issues –Sessions available to Statutory services and 3 rd Sector partners	LEADS: Gaye Rickard & Merran Adamson. 2 hr Twilight session delivered to school staff as and when required. To access; Request directly from SIC Workforce Development	How do we plan delivery without overwhelming training providers?	Introduce planned programme or waiting list if demand exceeds ad hoc arrangement.		Corporate Plan Our Plan which has list of 20 outcomes to achieve by 2020, http://www.sh etland.gov.uk/ documents/O
	Social Story Training - Available to Statutory services and 3 rd Sector partners	LEAD for NHS S<: 2hr/twilight session as and when required To Access: Contact Speech and Language Therapy on 01591 744242 to arrange	How do we plan delivery without overwhelming training providers?	Introduce planned programme or waiting list if demand exceeds ad hoc arrangement.		urPlan2016- 20final.pdf

has achieved: Practice Level 2. Autism skilled (NES Optimising Outcomes). Professional Development Award Autism Services to check content for public use. If suitable make available and promote 1. 2017/18 (and omwards) Training need identified. Professional Development Award Autism • 2015/16 Services Staff- funded through external funding and budget carry forwards) 1. 2017/18 (and omwards) • 2017/18 (and omwards) • 2016/15 Services Staff- funded through external funding and budget carry forwards) • 2016/17 Being addiversed to 10 x SIC AdVs; SVC Children Nys, external funding and budget carry forwards) • 1. 2017/18 (and omwards) • Sensory Integration Training • 2016/17 Being addiversed to 10 x SIC AdVs; SVC Children Nys, external funding. Places are interest and budget carry forwards) • The nine Health, Social sector and services 30 interest and promotes Sensory Integration Training Delivered 11% 312* April 16: 42 – employees in the external funding. Places are interest and protect care and Education trained Further work/exploration required at SASD Focus from individuals • The nine Health, Social Sensory Integration Training NCFE Level 2 Understanding Autism Delivered 11% 312* April 16: 42 – employees places undestanding-autism • Seek freedback from individuals • Seek freedback from avarety of ways and will ensure employees understand how to course. • Strategic Group • Advit Health Social Care and Education trained	Worlforce development	Geoff Evans Video	Executive Manager Adult				
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use appropriate communication I.Z. Uneck/confine		use appropriate communication		2. Check/confir			
skills and positive behaviour to m availability encourage individuals with autistic to 3 rd sector				to 3 rd sector			

	spectrum conditions to live fulfilling and independent lives.		colleagues	
Workforce development has achieved: Practice Level 3. Autism enhanced (NES Optimising Outcomes).	ELKLAN Training – 1 x Education specialist & 1 x S< attending	 Undertaken 9th & 10th May 2016 1st cascade to 12 x Education staff Oct 2016 	During 2017 only one Trainer will be available. Enquire with Quality Improvement Officer Children Services if there is funding/ capacity in Education & Families to train a further trainer. Education Services to contact ELKLAN to discuss Shetland's position – can one person deliver?	
Workforce development has achieved: Practice Level 4. Expertise in autism (NES Optimising Outcomes).	Professionally qualified practitioners in ADOS and DISCO Assessment.	Education Psychologist to expand ' Pathway Team for children		
	Bells Brae PS has been funded to do Intensive Interaction training. Excerpt; Minute SASDSWG 6 th September 2016	Executive Manager Adult Services – Clarify what this will offer at S ASD FG Meeting Dec. '16		

Shetland Autism Spectrum Disorder Working Group – Action Plan V6.3 Updated 21.11.16

No. 2. Assessment and Diagnosis.	There will be a clear pathway for the assessment and diagnosis of ASD. This will include signposting to appropriate post diagnostic supports. Children, including Looked After Children, are diagnosed as early as possible to support best outcome, ensuring that referral for diagnosis can be at any stage where need is identified. A clear pathway for adult assessment of need exists, ensuring that referral for assessment can be at any stage where need is identified.	Use of Diagnostic Pathway and ADOS 2. 1. Signpost to Duty Social Work 2. Completion of WYFY 3. Referral pathway to Learning Disability Nurse and Allied Health Professionals	Education Psychologist link to Managing Inclusion Guideline.		
No.3. Active Citizenship	There will be a clear pathway for diagnosis of ASD in adulthood, ensuring that referral for diagnosis can be at any stage where need is identified. People with autism will have opportunities to engage in meaningful activity throughout the lifespan, enabling them to develop new skills and maximise their potential for independence.	Referral to CMHT, Consultant Psychiatrist for DISCO assessment for Adults <u>http://www.autismnetworkscotland</u> .org.uk/shetland/ <u>http://www.mareel.org/watch/spec</u> ial-screenings/austism-friendly- screenings/ Autism Extra Group for young	Under discussion, further update from Consultant Psychiatrist at S ASD FG December	Further development of local Post Diagnostic Support approach.	
	Equity of access to universal services	Autism Extra Group for young people with social communication difficulties. Secondary age group. Mondays fortnightly, 3.30 -			

		5.00pm Mareel.				
		Requires participant to be able to				
		access the group independently.				
		Requires parental consent form.				
		Currently running as a pilot				
		project. Intention to progress to				
		Open Youth Group set up.				
		Joint project VAS & Family Svs				
	Disability Shetland	Disability Shetland Transition	Full description required –			-
	Transition Group	Group funded by SG Autism	Executive Manager Adult			
		Improvement Fund.	Services / Disability			
	OTHER	UNDER DEVELOPMENT	Shetland to expand UNDER DEVELOPMENT	UNDER	UNDER DEVELOPMENT	-
			ONDER DEVELOPIVIENT	DEVELOPMENT		
No. 4. Transition -	Transitions at key life stages will be planned and	Educational Outreach Support Worker/Quality Improvement				
	managed well for people	Officer to expand				
	with ASD -					
	Transition at Inter school					
	year stages.					
	Transitions at key life	The Social Work Transitions				-
	stages will be planned and	Group, a subgroup of the Social				
	managed well for people	Work Governance Group has				
	with ASD - Transition between children	been set up to consider, plan and improve transition between				
	and adult services.	children and adult services.				
		EGRC Forward Directions	Tailored support			1
			appropriate to individual's			
			assessed needs and identified outcomes.			
		Bridges	Tailored support			-
			appropriate to individual's			
			assessed needs and			
			identified outcomes.			
			including use of activity agreement for YP up to			
			age 25 yrs.			
		Disability Shetland Transition				1
		Group				

			I	r
	Transitions at key life stages will be planned and managed well for people	EGRC Forward Directions		
	with ASD - Transitions into work.	MOEP Transition Service		
		Bridges		
		Employability Pathway		
		Skills Development Scotland		
for Families and Carers	Carers will be recognised as equal partners in providing care and support for people with ASD.	EarlyBird Healthy Minds - The programme is a six-session parent support programme to help promote good mental health in children with autism (including Asperger syndrome). Healthy Minds has been developed in response to recent evidence which indicated that a high percentage of autistic children are at risk of experiencing mental health problems in adolescence and adulthood. The programme aims to help minimise this risk. http://www.autism.org.uk/earlybird National Autistic Society 'Right Click' is for parents or carers of individuals on the autism spectrum who are in particular need of information and support. http://www.scottishautism.org/serv ices-support/support- families/online-support-right-click	Requires 2 trained facilitators. Currently Educational Psychologist is the only available trainer. Capacity to deliver issue. Absolutely essential to support transition from primary to secondary. Identified as a NEED by VAS through Parent Carer feedback	

	Sibling Group. This is a group aimed at young people who have a sibling with additional support needs.The session runs on the last Saturday of the month from 10.45-12.45 at the Bruce Family Centre. For more information please call Carers Lead, VAS on 01595 743923 Open Referral – arrive at BFC and complete the form or contact VAS at Market House 01595 743923. (Carers Lead) Parental consent form required. Open to children of all ages. http://www.shetlandcarers.org/sibl ings-group		
	Joint project facilitated by VAS & SIC Family Svs VAS Parents Meeting. Open meetings for parents and carers of young people with social communication difficulty including young people with autism and Aspergers. Supports a preventative approach. The meetings offer the opportunity for consultation and to hear feedback from families and carers. This is an informal group led by VAS Carers staff. The child/young person doesn't need to have received a diagnosis. We are happy to meet people beforehand if people want to know more or	Add link to Shetland Autism Network page	

			1	T	
		are anxious about coming along to a group setting. Monthly during school term time.			
		Market House. Lerwick.			
		Sessions are advertised through			
		Carers Facebook page, and VAS			
		internet page.			
		http://www.shetlandcarers.org/par			
		ents-meeting	 Employee a costibile		
		Early Bird Plus Sessions – post diagnostic support.	Explore possible use of Bruce		
		Proposal to run session in early	Family Centre to		
		2017. A 10 week programme,	provide crèche		
		session's of 2 – 3 hrs. For	facilities to allow		
		parent/carer plus member of staff	parent to attend.		
		from the school setting.			
		Islesburgh and Bruce Family Centre			
		Educational Psychologist / S&L			
		Department			
No. 6	People with ASD should be	Equality Act	Further develop		
Employment		Access to Work	post recruitment		
	employment, and there must be a clear pathway for		support for;Individual		
	this.		 Parent 		
			 Employers 		
	Encourage recruitment by		1 - 7		
	employers		To ensure		
		Statutory Services Volunteer Placement and Supported	retention and		
		Permitted Work Opportunities.	early support where that is		
			required.		
		MOEP Sector Sessions			
		Resources available at:			
		http://employment.autismnetworks			
			1		
		cotland.org.uk/			
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			where that is
			required





Shetland's Autism Spectrum Disorder Strategy 2016 -2021



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02.06.2016	Added reference to Education (ASL) (Scot) Act 2004, and amended an		
	image, removing an individual's name		

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1. EXECTUIVE SUMMARY

Scottish Government published The Scottish Strategy for Autism in 2011, making Autism a national priority. The national strategy sets out the government's vision for improvements to services for people with autism spectrum disorder, their families and carers, over a 10 year period.

Shetland's Autism Spectrum Disorder Strategy 2016-2021 has been developed with a range of key stakeholders, and we have identified six local goals, which will inform the development and improvement of local services for people with Autism Spectrum Disorder (ASD) in Shetland.

Our Local Goals:

1. Awareness Raising and Workforce Development

People employed across all sectors will recognise the unique needs of people with ASD. We will work to ensure that clear information is available to people with ASD, their families, and carers, regarding local services available to them.

2. Assessment and Diagnosis

There will be a clear pathway for the assessment and diagnosis of ASD, for both children and adults. This will include signposting to appropriate post diagnostic supports.

3. Active Citizenship

People with autism will have opportunities to engage in meaningful activity throughout the lifespan, enabling them to develop new skills and maximise their potential for independence.

4. Transition

Transitions at key life stages will be planned and managed well for people with ASD, particularly for those moving between children and adult services.

5. Support for Families and Carers

Carers will be recognised as equal partners in providing care and support to people with ASD.

6. Employment

People with ASD should be supported to access employment, and there must be a clear pathway for this.

"This Strategy gives us a clear direction for children and young people with autism across Shetland."

Helen Budge, Director of Children's Services

"Achieving our local goals will make a positive difference to people's lives. The Strategy for Shetland will drive improvement to ensure that we do our very best for our community."

Simon Bokor-Ingram, Director Community Health & Social Care





2. INTRODUCTION

The Scottish Government published the Scottish Strategy for Autism in 2011, setting out the governments vision that:

'Individuals on the autism spectrum are respected, accepted and valued by their communities and have confidence in services to treat them fairly so that they are able to have meaningful and satisfying lives'

The 10-year strategy identifies 26 recommendations for action at national and local levels, recognising that people with autism have unique needs. These recommendations are far reaching, and consider the needs of people with autism across the whole spectrum, and throughout the lifespan. In addition to the recommendations, the strategy identifies ten indicators of best practice in the provision of autism services (see table 1).

Shetland's Autism Strategy sets out the priorities and strategic direction for the development and improvement of local services for people with autism, their families and carers.

Terminology

Autism Spectrum Disorder is used throughout this document, and includes Asperger Syndrome and childhood autism. Some people prefer to use Autism, or the word 'condition' rather than 'disorder,' however for the purpose of this document, Autism Spectrum Disorder is used to fit with diagnostic terminology.

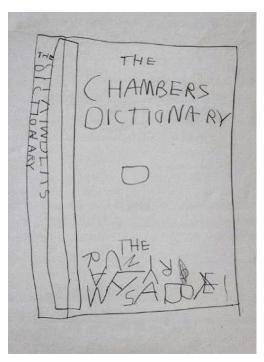
2. Access to training and dev	veloped in co-operation with people across the autism spectrum relopment to inform and improve understanding of Autism amongst professionals
Ŭ	amongst professionals
3. A process for ensuring a n ASD	neans of easy access to useful and practical information about
4. An ASD training plan to im who have ASD	prove the knowledge and skills of those who work with people
	on which improves the reporting of how many people with ASD are orms the planning of these services
6. A multiagency care pathwa	ay for assessment, diagnosis, intervention and support
7. A process for stakeholder engagement	feedback to inform service improvement and encourage
8. Services that can demonst targets the needs of people	trate that service delivery is multi-agency and coordinated and e with autism
9. Clear multi-agency proced each important life stage	ures and plans to support individuals through major transitions at
10. A self-evaluation framewo	rk to ensure best practice implementation and monitoring

Table 1: 10 Indicators of Best Practice (Scottish Government 2011)

3. WHAT IS AUTISM SPECTRUM DISORDER (ASD)?

Autism is a lifelong neurodevelopmental disorder commonly referred to as autism spectrum disorder (ASD). ASD affects people differently with some individuals being able to live independently, while other will need a lifetime of specialist support.

ASD affects how people communicate with, and relate to, other people. It also affects how they make sense of the world around them.



"It makes me more of a loner. I am antisocial; I can't easily cope with too many human-to-human integrations. I find it difficult to process all that verbal and non-verbal information. It's a bit like a PC, you can run your OC under Windows and you select four applications to use. Then you spend ages waiting while your computer is trying to sort out which of these tasks it is going to work on and for how long. Then, it shares out the processor time on a basis that cannot prioritise. The upshot is that I can only cope with things on a one-to-one or small group basis, and I don't know how to evaluate and prioritise things"

David Nicholas Andrews - http://www.angelfire.com/in/AspergerArtforms/autism.html

Wing and Gould (1979) first described autism as a spectrum disorder. ASD affects each individual in a different way, although all people with ASD will experience difficulty in three areas of functioning. This is sometimes referred to as the triad of impairments and means people may experience problems with the following:

- Social communication may include difficulty in processing verbal information, understanding and using language, and tone of voice, body language, facial expressions, gestures and articulating feelings.
- Social Interactions may include difficulty understanding social behaviour and boundaries, personal space, making eye contact, expressing emotions, understanding others emotions, interpreting the actions of others, understanding humour, or showing interest in others views and affects the ability to interact with other people.
- Behaviour and Sensory processing (social imagination) may include difficulty with sensory
 processing, may feel more comfortable in set routines and/or repetitive behaviours, develop
 special areas of interest, and have difficulty in unfamiliar situations, predicting what comes
 next, and understanding danger, thinking and behaving flexibly.

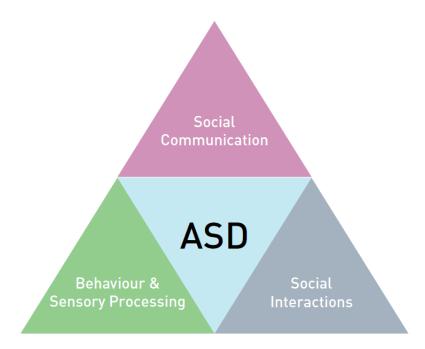


Figure 1: Autism Spectrum Disorder triad of impairments

The most significant area of difficulty for people with autism spectrum disorders is social interaction. This is particularly relevant for people who are diagnosed later in childhood or adult life, as many people learn to compensate for difficulties with social communication or imagination, but the social interaction impairment is still evident even though it may be shown in more subtle ways. Many people with Autism Spectrum Disorder have a co-existing (or comorbid) medical condition such as a learning disability, epilepsy, or other medical problem, which affects their quality of life.

The Scottish Strategy for Autism: Menu of Interventions (Scottish Government 2013) identifies 14 main challenges encountered by people with Autism Spectrum Disorder and their families (see figure 2).

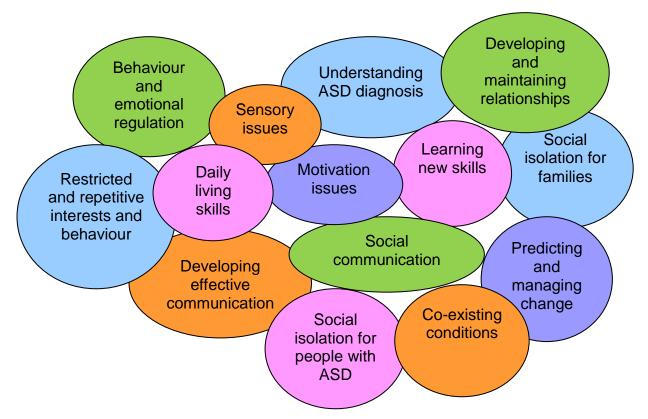


Figure 2: 14 Challenges that can impact on people with ASD and their families

4. PREVALENCE OF AUTISM SPECTRUM DISORDER IN SHETLAND

The national prevalence of autism in children is rising yearly. In 2003 it was reported to be 1 child in 163, 10 years later in 2013 it was reported to be 1 child in 67¹.

The National Autistic Society estimates that approximately 1.1% of the UK population or 700,000 people have autism. Based on 2011 census figures the prevalence in Scotland is as follows:

Population of Scotland:5,295,400Prevalence of Autism:58,249

(National Autistic Society, 2013)

It was estimated that in 2012 there were approximately 202 people in Shetland with Autism, based on a population of 22,500 (National Autism Services Mapping Project: Shetland Council Service Map 2013). Local statistics showed a much lower proportion of people known to statutory services as having Autism Spectrum Disorder, which suggests that there may be people with ASD who do not have a diagnosis, and are not known to the local authority living in the community.

Data collection is an issue nationally as there are no reliable statistics specific to ASD for children and adults. Data is collected in schools regarding the numbers of pupils with additional support needs (ASN), which can include a wide variety of issues. The Scottish Consortium for Learning Disability (SCLD) publishes annual statistics regarding the numbers of adults with learning disabilities (LD), including those with ASD, who have been in contact with local authorities in the past three years, but there are no reliable national statistics regarding the total number of individuals with ASD.

Autism Spectrum diagnosis						AS	
Classical Autism	Asperger's Syndrome	Other AS diagnosis	Total with AS diagnosis	No AS Diagnosis	Not known	diagnosis as % of all adults	All adults
28	13	0	41	33	80	26.6	154

Figure 3: Adults with Learning Disabilities or ASD known to Local Authority in last three years (SCLD 2015)

5. THE NATIONAL CONTEXT

The Scottish Government's policy direction is set out through three interlinked strands of Vision, Values and Goals.

Vision

"Our vision is that individuals on the autism spectrum are respected, accepted and valued by their communities and have confidence in services to treat them fairly so that they are able to have meaningful and satisfying lives"

The Scottish Strategy for Autism Scottish Government 2011

¹ Data Source: www.scotland.gov.uk/Topics/Statistics/Browse/School-Education/dspupcensus₁₈

Underpinning Values

• **Dignity**: people should be given the care and support they need in a way which promotes their independence and emotional well-being and respects their dignity

• **Privacy**: people should be supported to have choice and control over their lives so that they are able to have the same chosen level of privacy as other citizens

• Choice: care and support should be personalised and based on the identified need and wishes of the individual

- Safety: people should be supported to feel safe and secure without being over- protected
- Realising potential: people should have the opportunity to achieve all they can

• Equality and diversity: people should have equal access to information assessment and services. Health and social care agencies should work to redress inequalities and challenge discrimination

(Scottish Government 2011)

People with ASD expect to have the support of professionals working together in their best interests to make these values a reality.

Goals

The Scottish Government has set out the following high-level goals in the Scottish Strategy for Autism, and a timeframe for achieving them, in order to benchmark progress towards delivering on the government's vision.

Foundations: by year 2:

- 1. Access to mainstream services where these are appropriate to meet individual needs
- 2. Access to services which understand and are able to meet the needs of people, specifically related to their autism
- 3. Removal of short term barriers such as unaddressed diagnosis and delayed intervention
- 4. Access to post-diagnostic support for families and individuals (particularly where there is a late diagnosis)
- 5. Implementation of existing commissioning guidelines by local authorities, NHS and other relevant service providers

Whole life journey: by 5 years

- 1. Access to integrated service provision across the lifespan to address the multi-dimensional aspects of autism
- 2. Access to appropriate transition planning across the lifespan
- 3. Consistent adoption of good practice guidance in key areas of education, health and social care across local authority areas
- 4. Capacity and awareness-building in mainstream services to ensure people are met with recognition and understanding of autism

Holistic personalised approaches: by 10 years

- 1. Meaningful partnership between central and local government and the independent sector.
- 2. Creative and collaborative use of service budgets to meet individual needs (irrespective of what the entry route to the system is)
- 3. Access to appropriate assessment of needs throughout life

4. Access to consistent levels of appropriate support across the lifespan including into older age

Links to other National and Local Drivers

The Keys to Life: Improving Quality of Life for People with Learning Disabilities, 2013 National Health and Wellbeing Outcomes 2015 Shetland Partnership: Our Community Plan, 2013-2020 Integrated Children and Young People's Services Plan 2014-17 A Guide to Getting It Right for Every Child, 2012 Commissioning Services for People on the Autism Spectrum: Policy and Practice Guidance 2008 The Autism Toolbox: An Autism Resource for Scottish Schools, 2009 Caring Together: The Carers Strategy for Scotland, 2010-2015 Self Directed Support: A National Strategy for Scotland 2010 Supporting Children's Learning Code of Practice (revised edition) 2010

6. LOCAL NEEDS ANALYSIS

Shetland is a rural island community in the north east of Scotland, comprising of a number of islands linked by overland crossings and interisland ferry services. Shetland Islands Council and NHS Shetland provide most statutory services in the islands. The Children's Services Directorate of the Council provides Education, Children and Families Social Work and Social Care services including respite and short breaks for children.

The integrated Community Health and Social Care Directorate of NHS Shetland and the Shetland Islands Council includes a range of services for adults and some for children. Due to the relatively small population, people with ASD tend to access services that also support people with a range of other needs, such as having a learning disability; there are limited specialist ASD services. The needs of the people of Shetland are met in their local communities wherever possible, and more specialist services are commissioned outwith Shetland as a last resort. This requires local services to work in a flexible and creative manner to respond to changing needs of the local population.

The model of assessment for both children and adults is strengths based, and outcome focussed in its approach. For Children, Getting it Right for Every Child (GIRFEC) Child's Plan is the multiagency assessment, and the Barnardos Outcomes Framework is used to measure individual outcomes. For adults, Shetland's Single Shared Assessment process is known as With You For You, and the assessment tool is called 'Understanding You.' Assessments are conducted in a person centred manner, and focus on supporting people to achieve their personal goals.



6.1 Autism Mapping Results

A National Mapping Project was carried out across Scotland to gather information regarding services available for people with ASD at a local level, and to establish a national picture informing future developments, and investment of Scottish Government funding.

The 'National Autism Services Mapping Project: Shetland Islands Council Service Map' was produced in September 2013, and presents a snapshot of services for people with autism in Shetland. The project gathered data using a desk based research exercise (looking at policies and procedures), issued questionnaires to relevant stakeholders and ran a series of workshops conducted in Lerwick, Shetland:

- 25 people attended a multi agency meeting as part of the mapping project including representatives from health, education, social work, Disability Shetland, day services, family services, Supported Living and Housing services, library services, early years services and respite and short breaks.
- 5 carers attended a workshop for parent carers
- Workshops for people with autism were offered by videoconference, but no one signed up for these.

The results from the mapping project are limited in terms of being representative of the views of people with ASD, and their parents or carers. The results of the mapping project are attached as Appendix 2.

There are some areas of good practice locally in the provision of support for people with ASD. However, we recognise that there are some vulnerabilities and areas for improvement, including:

- Difficulty getting a diagnosis of ASD
- Difficulty getting the right support and/or a lack of clarity regarding how to access it
- Specialist knowledge tends to revolve around individuals who have a special interest rather than a designated role for people with ASD

7. LOCAL GOALS

Following a review of information available locally and an evaluation of the services currently provided, we have identified six goals for Shetland. These are summarised the table below, and there is more detailed information about each of them in the subsequent sections.

1. Awareness Raising and Workforce Development

People employed across all sectors will recognise the unique needs of people with ASD. We will work to ensure that clear information is available to people with ASD, their families, and carers, regarding local services available to them.

2. Assessment and Diagnosis

There will be a clear pathway for the assessment and diagnosis of ASD, for both children and adults. This will include signposting to appropriate post diagnostic supports.

3. Active Citizenship

People with autism will have opportunities to engage in meaningful activity throughout the lifespan, enabling them to develop new skills and maximise their potential for independence.

4. Transition

Transitions at key life stages will be planned and managed well for people with ASD, particularly for those moving between children and adult services.

5. Support for Families and Carers

Carers will be recognised as equal partners in providing care and support to people with ASD.

6. Employment

People with ASD should be supported to access employment, and there must be a clear pathway for this.



7.1 Awareness Raising and Workforce Development

The Council and NHS currently deliver a range of training to staff that support people with ASD, however the procurement of training lacks coordination. A number of frontline staff across services for children and adults received National Autistic Society accredited SPELL and TEACCH training. Education staff have also received introductory training in using the Autism Toolbox, facilitated by Autism Network Scotland. We need to review and evaluate the training we currently provide against the NHS Education Scotland 'Optimising Outcomes Framework,' and establish the knowledge and skills required at each level of the organisation, ensuring procurement of appropriate training to meet the training and development needs of staff in a sustainable and coordinated way.

The Optimising Outcomes Framework identifies four levels of knowledge and skills, as follows:

- 1. <u>Autism Informed</u>: Essential knowledge and skills required by all staff in health and social care
- 2. Autism Skilled: Staff with direct and/or frequent contact, or roles with high impact
- 3. <u>Autism Enhanced</u>: More regular of intense contact with individuals with ASD. Role focuses specifically on autism, provides specific interventions for autism or manages the care or service for individuals on the spectrum.
- 4. <u>Expertise in Autism</u>: Highly specialist knowledge and skills. Those with a specialist role in the care, management and support of people on the spectrum and their carers.

We will seek to establish a network of Autism Champions across services in both the statutory and voluntary sector, to act as a point of contact for enquiries relating to ASD, and to disseminate information to teams across organisations.

We will also engage with Shetland College UHI to offer accredited qualifications in ASD for staff working across Children and Adult Services.

7.2 Assessment and Diagnosis

The Scottish Intercollegiate Guidelines Network (SIGN) recommends a multi-disciplinary approach to assessment and diagnosis of autism spectrum disorder. The assessment should include of a detailed history of the individual's development, direct clinical observations, and take account of how the individual behaves in other situations. Some specific autism or language assessments may also be carried out, for example, ADOS 2 (Autism Diagnosis Observation Scale, 2nd edition).

The ASD Strategy seeks to ensure there are clear diagnostic pathways for both children and adults, and that post-diagnostic support is available for those who need it. We have subdivided this section to reflect the different routes for child and adult diagnosis and support.

Children's Diagnostic Pathway

Following the implementation of the Children and Young People (Scotland) Act 2014, all children and young people in Scotland have a Named Person, who will usually be a Health Visitor or a promoted teacher when the child starts education. The Named Person provides a consistent approach to supporting children and young people's wellbeing, giving access to advice and support for families.

We will ensure that Health Visitors receive training to recognise early signs and symptoms of ASD, and how to refer on for more specialised involvement, and that teaching staff have access to an appropriate level of training following a mapping exercise using the 'NES Optimising Outcomes Framework.'

The Education (Additional Support for Learning) (Scotland) Act 2004 and accompanying code of practice provide a framework for identifying and addressing the additional support needs of children and young people who face barriers to learning. If it is felt that an ASD assessment is required, the local assessment team will carry out the assessment. The team consists of Speech and Language Therapy, Educational Psychology, GP with a Special Interest in Child Health, and a visiting Consultant Paediatrician. There may also be input from Education Outreach Group and the Child and Adolescent Mental Health Service.

The EarlyBird Plus Programme is run as a post diagnostic support group for parents of children aged 4-8 years, diagnosed with ASD. Due to small numbers of children diagnosed locally, the programme runs when there is a requirement. There is a range of other supports available locally for children and young people. Children and young people with ASD have their needs identified through the Getting It Right For Every Child (GIRFEC) process, and support is tailored to meet the needs of the child and their family.

Adult Diagnostic Pathway

We will seek to ensure that diagnosis is available for those who require it, in a timely manner and provided as close to home as is possible. Currently, adults who do not have a diagnosis of ASD may be referred on for assessment by their GP. This may involve the adult having to go off island for an assessment on mainland Scotland, as there are not sufficient services available locally.

Adults who may require community care services are entitled to have their needs assessed in accordance with section 12A of the Social Work Scotland Act 1968. The local authority has a duty to provide services to meet an adult's eligible care needs in accordance with local and National Eligibility Criteria. Carers of adults are also entitled to an assessment of their needs in relation their caring role. As such, the lack of a diagnosis should not be a barrier to people receiving the services they require. It is acknowledged however that diagnosis might inform a care plan and support strategies, which would benefit the adult. A formal diagnosis will also ensure individuals receive financial support they might be eligible for, and that appropriate supports or 'reasonable adjustments' are considered by employers, as ASD is recognised as a disability under the Equality Act 2010.

We will also seek to provide clarity regarding the post diagnostic support pathway for people diagnosed with ASD in adulthood, and their families, ensuring they are provided with information regarding services they may be eligible for (e.g. respite and short breaks etc.). We will also establish links with acute medical services (hospital) to ensure that the needs of people with ASD are considered when they are admitted to hospital.

7.3 Active Citizenship

People with ASD can face a range of barriers to everyday activities, and it can therefore be difficult to access social opportunities and various other things other people take for granted. This strategy will aim to ensure that people with ASD receive support to engage in activities that are important to them.

The Council's Supported Living & Outreach and Housing Service provide supported accommodation, and outreach support for people with ASD. There are a number of other services that support people to develop independent living skills, and this support can begin at school, if appropriate. We will seek to ensure that we continue to support people with ASD to live as independently as possible in the community.

There are a number of local services which may be involved in supporting people with ASD to participate in meaningful activities, including Shetland Befriending Scheme, Shetland Community Bike Project, Bridges Project, Shetland College, Moving on Employment Project, and COPE Ltd etc. We will ensure that people with ASD continue to have opportunities to develop skills for independent living, and that the accommodation needs of people with ASD are considered by local housing providers.

Shetland Arts currently support ASN film screenings at the local cinema, and they also provide supported creative activities for people with additional support needs. We will ensure that we work with local partners to promote good practice that already exists in the local community, and raise the profile of inclusive practice to make mainstream services more accessible



7.4 Transitions

When considering 'transition,' the primary focus for practitioners, people with ASD, and their families, is often the point where children move into adulthood. It is important to ensure that this is planned and well managed to achieve the best outcomes for people with ASD. It is also necessary to recognise that there are a number of other important transitions throughout the lifespan.

The Scottish Transitions Forum has produced guidance, which identifies seven 'Principles of Good Transitions' (2013). We will ensure that these principles are embedded in practice locally (see below):



- 1. All plans and assessments should be made in a person-centred way
- 2. Support should be co-ordinated across all services
- 3. Planning should start early and continue up to age 25
- 4. Young people should get the support they needs
- 5. Young people, parents and carers must have access to the information they need
- 6. Families and carers need support
- 7. Legislation and policy should be co-ordinated and simplified

The Shetland Islands Council has an existing policy supporting transition between Children and Adult Services, which we will review to ensure that transitions are managed effectively and in a timely manner for people with ASD. We will also consider the other organisations involved in supporting people with ASD, and how we support transitions at other key life stages throughout the lifespan.

7.5 Support for Families and Carers

Shetland recognises the valuable contribution that carers make to the support of people in our communities, including those with ASD. A carer is someone who provides unpaid care for a friend or relative who needs his or her support due to an illness, disability, mental health problem or addiction (Scottish Government 2010). Shetland is developing a separate Carers Strategy to recognise the vital role carers have in supporting strong communities and this section will focus specifically on support for people with ASD.

The Education Outreach Group, including the Pre-School Home Visiting Services, have a key role in supporting families, particularly in the early years. Where a need is identified, the Council provides short breaks and respite services to support carers and families of children and adults who have learning disabilities or ASD at Short Breaks for Children or Newcraigielea Services.

Voluntary Action Shetland operate a Virtual Carers Centre, which provides a range of information and advice for carers in Shetland. The website signposts to a number of carers groups which provide a source of support to those with a caring role, as well as providing details of training, short breaks, and financial assistance which may be relevant. See <u>www.shetlandcarers.org</u> for further details.

We will seek to ensure that families and carers of those with ASD have timely access to the right information and advice regarding services and supports for people with ASD.

7.6 Employment

Shetland has established a 5-stage Employability Pathway, which sets out the various stages of support a person has to move through in order to gain sustainable employment. The process will support individuals who have two or more barriers to employment, and may include adults who have ASD.

There are a number of supported employment placements available locally, some of which are commissioned by the Shetland Islands Council. These placements enable people to develop skills, which may result in them, to move into sustainable employment at a later stage. There are also volunteering opportunities, and work experience placements supported by the voluntary sector.

We will ensure that the unique needs of people with ASD are recognised by staff working in agencies that provide assistance with employment to ensure that there are opportunities to move into sustainable employment where possible. We will also ensure that commissioned services meet, and continue to meet, the criteria for accreditation set out in the Scottish Government guidance, 'Commissioning Services for People on the Autism Spectrum' (2008).

8. THE VIEWS OF PEOPLE WITH ASD, THEIR FAMILIES AND CARERS

In September 2013, a national mapping exercise was conducted to review the services available for people with ASD, and this included consultation with people who have ASD, their families and carers. The number of people involved in the consultation process was low (see section 6.1); however the local results show that people feel services could be planned better at a strategic level, and that there are gaps in local delivery.

We will seek to establish a local autism network, including people with ASD, family members and carers, to contribute to the future development of support for people with ASD in Shetland. Due to the dispersed nature of the population in Shetland, it is important that we use a variety of methods to effectively engage with as many people as possible, and we will therefore seek to use a variety of communications, including social media, to ensure we reach a wide audience.

Shetland Islands Council reviewed the provision of day services for adults with learning disabilities in 2014, and a working group of parents, carers and people who access day services was established as part of the consultation. The group was successful, and we may seek to broaden the remit of this existing group, to act as a reference group for the provision of ASD and learning disability services.

9. MONITORING AND REPORTING

The Autism Spectrum Disorder Strategy will be accompanied by an action plan, which will be reported on a six monthly basis to the Integrated Joint Board and SIC Education and Families Committee.

The Community Health and Social Care Strategic Group will monitor the action plan on a quarterly basis, to ensure that work is progressing in accordance with the agreed timescales.



10. KEY ACHIEVEMENTS TO DATE

Shetland has made a number of achievements in the provision and delivery of services for people with ASD since the Scottish Strategy for Autism was first published. So far we have:

- Established an ASD Pathway Assessment Team for Children and Young People
- Trained staff in ADOS2 (Autism Diagnostic Observation Scale 2)
- Trained staff to deliver the EarlyBird post-diagnostic support program (for parents of children)
- Delivered training to Health Visitors in detecting early signs of ASD (March 2015)
- Autism Network Scotland delivered training to a number of staff from children and adult services in March 2015
- Produced a directory of local autism resources in conjunction with Autism Network Scotland as part of their Menu of interventions Roadshows: <u>http://www.autismnetworkscotland.org.uk/shetland/</u>
- Established a Working Group to develop an ASD Action Plan, which will accompany this strategy document, to drive forward improvements to local services.

APPENDIX 1

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Appendix 2

National Autism Services Mapping Project Shetland Council Service Map September 2013 **National Autism Services Mapping Project**

Shetland Islands Council Service Map

September 2013

National Autism Services Mapping Project

Shetland Local Service Map

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¹ Autism is a lifelong developmental disability that affects how a person communicates with, and relates to, other people and the world around them.

It is a spectrum condition, which means that, while all people with autism share certain areas of difficulty, their condition will affect them in different ways. Aspergers syndrome is a form of autism

² Definition of a carer

Throughout this document we use the term "carer" to describe individuals who provides unpaid support to a relative family or friends who has autism. The majority of individuals are parent carers but the term carer also describes other family members such as siblings, grandparents or friends who provide substantial unpaid care.

We use the term support worker to describe individuals providing paid support to individuals with autism

1 Background to the National Mapping Project

The National Mapping Project has been a short term fact finding exercise and analysis of information relating to the delivery of services for individuals with autism in your area. It is designed to map out existing service provision across Scotland in order to build up a full picture of the national position which will help inform future local decisions on autism coordination on who will do what and where, and influence national decisions on the investment of Scottish Government funding for autism in the future.

The Service Map presented below is a snapshot of the situation in your area with regard to the delivery of services for people with autism. It is predicated on the information collected from the desk research into policies and practice, people we spoke to at the focus groups and the questionnaires completed by individuals in your area. In some areas there was not a full representation of all stakeholders. The corollary of which is that those who did respond will clearly have had an impact on the picture we have drawn.

The Service Map is not the complete story of the services you deliver in your area, those responsible for the delivery infrastructure already in place and service users will both have additional information not recorded here due to the short term nature of the work and reflective of the level of engagement with the Project.

However, together with the national findings and knowledge of your current delivery, it is hoped this service map will help inform the design and delivery of your Autism Action Plans as agreed under Autism Strategy funding to local authorities.

2 Methodology

The Mapping Project gathered information in three ways:

- Desktop research in relation to Data and Strategic Policy
- Online questionnaires for:
 - People living with Autism
 - Carers
 - Statutory providers
 - Service providers
- Workshops with:
 - People living with Autism
 - Parents and carers
 - Multi-agency groups

The Aims of the Workshops were to identify:

People living with autism:

- I. To gather experience of people with autism about the places, people and activities that help them have a "meaningful life"
- II. Gather information about how the core services contribute to having a meaningful life
- III. Gather ideas of what might happen to improve things and what difference that would make

Carers and parents:

- I. To have a better understanding of what carers want to see in their local areas
- II. To have a better understanding of the local areas and what is making a difference for people living with autism and their families
- III. To identify what would make a difference for them

Multi-agency groups:

- I. To use the 10 indicators for developing best practice as a baseline for discussion
- II. To gather information about how services work in partnership together
- III. To explore the depth of partnership working
- IV. To provide knowledge about the impact for people with autism, through identifying the challenges and gaps in services

3 How the service map is organised

From the information gathered throughout this exercise Mapping Coordinators identified a number of recurring themes. It also became apparent that the themes could be arranged under aspects of delivery that individuals talked about. These were: People, Processes, Services, Specialist Services and those issues which were specific to Parents and Carers.

People	Processes	Services	Specific Services	Parents and Carers
Autism Knowledge and Awareness	Carers/Family Support including groups/listening to carers/carers assessment/named person	Advocacy	Autism Specific Services for Children and Adults	Parents/Carers as equal partners
Community and Social Opportunities	Communication and Signposting	Criminal Justice including Police/Autism Alert Card		Carers/Family Support
Environment including sensory	Diagnosis - All aspects	Education/Further Educations – including pre- school/mainstream and autism specific		
Inclusion/ Acceptance of autism	Information/Data Sharing	Employment/Employ ability		
People/ Professionals who understand	Intervention (universal for all services	Housing		
Reasonable adjustments to accommodate autism	Multi-Agency/Partnership/ Pathway, Communication and Co-ordination of services	Respite		
Transport and Rural Issue	Prevention (early intervention) approach	Services - Access/Gaps/perfor mance		
	Autism Planning Structures	Service Responsibility including lack of service for people with Asperger's and high functioning autism		
	Quality of life/Wellbeing/Feeling	Transitions - all major life transitions		
	Training – all aspects For professionals – a framework for training			

For coherence with the Scottish Strategy for Autism the themes have been for the most part organised within the service map according to the <u>Ten Indicators</u> for best practice in the provision of effective services as laid out in the Scottish Strategy for Autism.

A particular focus has been offered on issues specific to Parent and Carers and to Quality of Life outcomes for individuals with autism.

Key to codes: the following codes indicate the source of the data ie if the information has been gathered from the questionnaires or the workshops and from which group.

Please note that where small numbers responded in any area and there was a possibility of identifying an individual, that information has not been directly quoted and has instead been used to ascertain a trend along with other quotes, information or data.

- M for multi agency workshop
- C for carers workshop
- I for individuals with autism who took part in a workshop or completed workshop tasks individually
- SAQ for Statutory Agencies Questionnaire
- SPQ for Service Providers Questionnaire
- CQ for Carers questionnaire
- IQ for Individuals questionnaire
- QQ for quantitative data across national responses to questionnaires
- Quotes from individuals are in quotation marks

4 Background for your area?

- Scottish Government Audit for People with Autistic Spectrum Disorders (2004) estimated that the prevalence figure for autism in Shetland based on 2003 numbers of people with a diagnosis was 31.2 per 10,000 for children and 5.4 per 10,000 of the adult population. In children this is just below the national rate of 35.3 per 10,000, but with adults it is more than twice the national average rate of 2.2 adults with a diagnosis per 10,000. Returns from Shetland to eSAY³ Statistics 2011 indicates that information about whether or not an adult has a diagnosis of autism was available for 59 out of 136 people known to services. Of the 59 people for whom there was information, 26 had a diagnosis of autism. The Scottish Strategy for Autism (2011⁴) suggests an expected prevalence rate of 90 per 10000 which would suggest the actual prevalence figures for autism in Shetland, going by the 2012 population of 22,500, would be 202.
- Autistic Spectrum Disorder Policy for Children and Young People, Shetland Islands Council Children's Services (2011) sets out 12 Key Priorities to provide autism friendly provision both within and out-with education built on involvement of young people and their carers. Recognition is given to the need for information, guidance, respite and support groups for families, successful transitions in to adult services plus promotion of community awareness and understanding of autism.
- The Better Brighter Future 2011-2014 is Shetland's integrated children's service plan which plans to meet the additional support needs of children through the Getting it Right for Every Child approach.
- With You for You (2010) is the person-centered multi agency approach for the planning and delivery of adult care and support services.
- There is a multi agency autism strategy group with representation from both adult and children services.

³ <u>http://www.scld.org.uk/sites/default/files/booklet_1_-learning_disability_and_asd_2.pdf</u>

⁴ <u>http://www.scotland.gov.uk/Publications/2011/11/01120340/0</u>

5 What we asked and who responded to us

- A desk-based research exercise was carried out into policy in Shetland including autism specific policy as well as wider additional support needs/disability policy across social services, education and housing.
- 25 people attended a multi agency meeting which included people from health, education, social work, Disability Shetland, day care services, family services, supported living and housing services, library services, early years services and respite services.
- 5 carers attended a workshop for parent carers
- There had been an arrangement to meet with a group of people with autism through Disability Shetland, but this was cancelled as Disability Shetland felt the ability range of participants was too wide for the workshop to be accessible. Two opportunities were offered for a workshop by video conference but no one with autism in Shetland signed up for this.
- 7 people from statutory agencies and 1 individual with autism completed online questionnaires from Shetland. No service providers or carers completed questionnaires online. The individual with autism did not include any qualitative data on his/her response.
- The short time scale of the mapping project meant that only one visit was possible and this severely limited opportunities for people to participate.
- The autism strategy group distributed the link to the online questionnaires widely. The low response rate may be for a number of reasons, but given that the 5 carers who took part rated services as good or excellent, it is possible that it is because people are generally satisfied with services that meant they did not feel the need to respond.
- Due to the amount of information from any group in Shetland, this service map provides only a partial picture of services in Shetland. Quantitative information from the online questionnaires across Scotland is included to provide some general information.

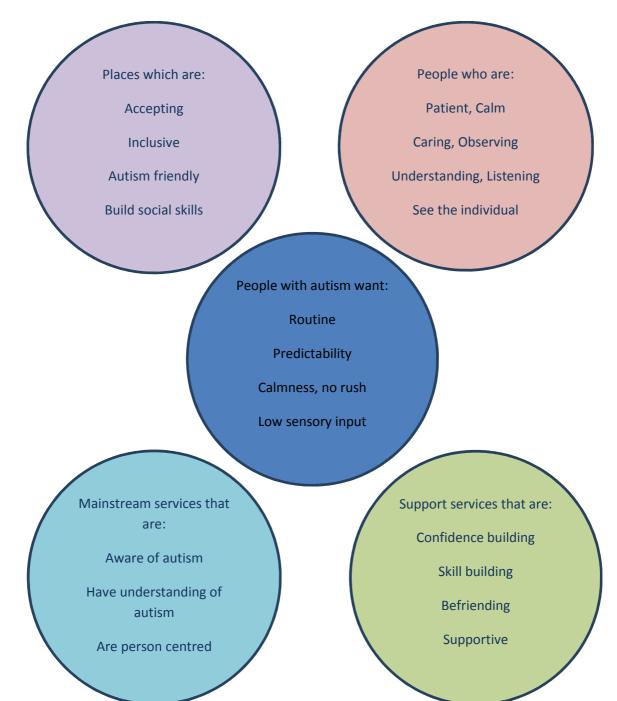
The numbers responding is represented in the table below

Focus Groups	Nos	Questionnaire responses	Nos
Multi-agency	18	Multi-agency	7
Service providers	7 *	Service providers	0
Parent/Carers	5	Parent/Carers	0
People with autism	0	People with autism	1

*As many support services are provided in-house it was not always clear whether people were service providers or statutory agency.

6 Carers told us people with autism want:

(No qualitative data available from individuals with autism)



7 What Parents and Carers told us

5 carers attended the workshop. All were parent carers of children/young people with autism, 7 in total, aged between 5 and 19 years of age. The word cloud below represents proportionately (the larger the word the more often it was said) things parent carers felt contributed to quality of life for their children/young people.



Carers were asked to score services between poor, satisfactory, good and excellent. The table below indicates the scores given. One parent scored his/her two children separately, so 6 score sheets were completed.

Parents and Carers scores for: 'How my area is doing'		
Care and Support response	1.5	
Health response	3	
Education and Further Education	3	
Transitions	2.5	
Employment	Not applicable	
Housing and Community Support	2.5	

Carers were asked to agree their top three actions points which they would like to see.

Top three action identified by Parents/Carers in (LA)	
1 Place for information and carer support	
2 More access to respite, including for siblings	
3 More opportunities post-school	

Specific information relating to Parent/Carers' Issues

	What's working well?	What's not working well?
Parents/Carers as equal partners	In respect of a young person's independence, parent/ carers only involved in planning with permission of young person (SAQ).	No comments were made
Carers/Family Support including groups/listening to carers/carers assessment/named person	The ASD policy (2011) mentions the importance of access to family support groups (P). Carers spoke of a coffee morning where children were catered for and safe, so	No comments were made
	parent carers were able to chat to one another (C).	

The five parent carers were very positive about the services they received.

8 Comments about Community and Social Opportunities

	What's working well?	What's not working well?
Community and social opportunities	The leisure centre (C) library (SAQ) and adult learning (M) are mentioned as accessible community opportunities. A social group for teenagers with autism or ADHD was also mentioned (M).	The national picture presented from carers completing these questions is90% thought children faced social challenges at school, only 50% thought the person they cared had friends in the community and only 34% thought the person was included in the community (QQ).
	The National picture presented is that there is wide recognition (90% QQ) that social/community opportunities are important.	
	The National picture presented is that support to access social activities is reflected in 90% of care plans (QQ).	

Issues for Consideration

It was said that people should be patient and understanding as this makes things easier for the carer

9 Statutory and Voluntary Services perspective

25 people attended the multi agency meeting, as indicated below. Most of the service providers listed below were involved in short breaks, respite or day care provision, one was from Disability Shetland.

Agencies attending Focus Groups	Nos
Health	1
Social Work	1
Education	7
Further Education	
Criminal Justice	
Police	
Employment/Employability	
Housing/building standards/supported living	
Service Providers	
Other/environmental health/library/infrastructure	

Rating where people feel they are with the LA Strategy for Autism where 1 is 'work has not yet begun', 2 is 'made a start', 3 is 'good progress' and 4 is 'completed'.

Good practice indicator	Mean score
A local autism strategy	2
Access to training and development	2
A process for ensuring a means of easy access to useful and practical info about ASD	2
An ASD training plan	2
A process for data collection	2
A multi-agency care pathway	2
A framework and process for seeking stakeholder feedback	2
Services that can demonstrate that service delivery is multi-agency in focus	3
Clear multi-agency procedures and plans	2
A self-evaluation framework	2

10 A Summary of Findings in relation to the 10 Indicators of Good Practice

The tables below set out the responses from the information gathered from individuals in your area. They are set out under themes or headings which were developed from the national data sets.

Please note:

The following Indicators have been grouped together. The information gathered did not distinguish between the two aspirations:

- 2. Access to training and development to inform staff and improve the understanding amongst professionals about autism.
- 4. An ASD Training Plan to improve the knowledge and skills of those who work with people who have autism, to ensure that people with autism are properly supported by trained staff.

Similarly the following Indicators have also been grouped together for the reasons outlined above:

- 7. A framework and process for seeking stakeholder feedback to inform service improvement and encourage engagement.
- 10. A self-evaluation framework to ensure best practice implementation and monitoring.

1.

A local Autism Strategy developed in co-operation with people across the autism spectrum, carers and professionals, ensuring that the needs of people with ASD and carers are reflected and incorporated within local policies and plans.

	What's working well?	What's not working well?
ASD Planning structures	There is a clear autism Policy and action plan for children's services (P&M).	No lead was identified (SAQ)
	There is a multi agency group which meets regularly to take the strategy forward (P) and there is a link to adult services (M) from his group.	
	The National picture presented is that 78% of NHS staff and 92% of other statutory agency staff sought service user feedback in development of services(QQ)	

Issues for Consideration

Better links between children and adult services (M)

2.

Access to training and development to inform staff and improve the understanding amongst professionals about autism.

4.

An ASD Training Plan to improve the knowledge and skills of those who work with people who have autism, to ensure that people with autism are properly supported by trained staff.

	What's working well?	What's not working well?
Training –all aspects. For professionals – a framework for training	There is evidence of awareness raising across the sector, specific service training and NHS /Education had training plans (M&SAQ).	There may be a gap in getting training to the frontline in services outside of health or education (M).
		Although people receive awareness training they recognise the need for further training (SAQ) and training which is not just for support staff but for all staff (SAQ).
People/professionals who understand	People who are patient and understanding of autism, who observe and listen to understand the uniqueness of the individual; who are calm and able to sort out challenging behaviour from autism, people who genuinely care; these are the people who are able to make a difference (C).	

- A coordinated approach to autism training across the area (M&SAQ)
- Better links to training opportunities (M&SAQ)

3.

A process for ensuring a means of easy access to useful and practical information about autism, and local action, for stakeholders to improve communication.

	What's working well?	What's not working well?
Autism knowledge and awareness	There is Early Bird and general awareness training in children's services (M) and Adult Learning do awareness raising about Aspergers across the public sector (SAQ). The ASD policy (2011) promotes community wide	There are still some agencies who have a limited awareness of the impact of autism on the individual's life (SAQ).
	awareness raising (P). The National picture presented is that appoximately half of service providers thought they had a role in raising awareness (QQ).	
Communication & signposting	ASD policy (2011) aims to provide the right information and guidance to families (P) and a range of examples of available information was provided (SAQ). Psychology are good at ensuring communication needs	Adults would benefit from post diagnostic information (M).
	are met (M) and other services take a person-centred	

	approach to communication (SAQ).	
Inclusion/Acceptance of	There are inclusive evening classes (M).	
autism		

• A co-ordinated approach to raising awareness and providing information about local and national support would be helpful (SAQ).

• Improved information is an action in the service plan (M); carers raised their need for more information (C).

5.

A process for data collection which improves the reporting of how many people with autism are receiving services and informs the planning of these services.

	What's working well?	What's not working well?
Information/Data	Social Work collect data; there is data collection within	There may be a lack of consistency in data sharing
sharing	education but there are data sharing issues re sharing	approaches (M).
	with other agencies (M).	
		A concern was raised about the secure GSX email (M).
	The national picture presented is that 90% of NHS staff,	
	94% of other statutory agencies and 87% of service	
	providers said they recorded if service users had autism	
	(QQ).	

- The consistency of approach to collection of data
- An approach to resolving information sharing issues

6.

A multi-agency care pathway for assessment, diagnosis and intervention to improve the support for people with autism and remove barriers.

	What's working well?	What's not working well?
Diagnosis – all aspects	Carers reported good pre and post diagnostic support (C). NHS and Learning Disability link around adult assessment (M)	However, there is recognition that there is a gap in securing an adult diagnosis if it is not picked up in school. Adult diagnosis is off-island (M&SAQ).
Interventions (universal) for all services	Various different interventions were mentioned, Moving On, Direction Team and Shetland Befrienders (M).	
Prevention (early intervention) approach	Bruce Family Centre and Disability Shetland listen and respond to need preventing a crisis being reached (C).	
Multi- Agency/Partnership/ Pathway, Communication and Co- ordination of services	Better Brighter Future children's service plan uses the Getting it right approach to additional support services. With You For You is the person-centred approach to providing services for adults (P).	The multiagency approach works well around individuals but is not planned strategically (SAQ). There were examples given of some agencies which do not seem to engage as well (M).
	Lots of examples of good multiagency working were provided in both children and adult services, between statutory agencies and service providers (M&SAQ).	Some families will opt not to have involvement of social work, preferring to seek information and advice only (SAQ).

• Improved information as part of post diagnostic support including information about local services (C).

8.

Services that can demonstrate that service delivery is multi-agency in focus and coordinated effectively to target meeting the needs of people with autism.

	What's working well?	What's not working well?
Environment including	Psychological service input to schools about the	In the national data 74% (QQ) individuals with autism
sensory	sensory needs of autism (M).	completing the questionnaire reported experiencing sensory difficulties at school; 66% (QQ) of these did not receive any help with that.
Reasonable adjustments	Autism friendly cinema screenings is an example of	
to accommodate autism	reasonable adjustment (C).	
Services - Access/Gaps/ performance	In terms of services meeting the need of people with autism, the National picture presented is that 26% carers said that needs were fully met, 60% partially met and 14% not met (QQ).	Access to a GP can sometimes be difficult (M).
Service Responsibility including lack of service for people with Asperger and high functioning autism		The multi agency group suggested that services for adults with autismcould be improved and that the services for individuals who are high-functioning but still have complex needs are not consistent.

Criminal Justice including Police/ Autism Alert Card	The national picture presented is that only 28% of people with autism had Autism Alert Cards and only 6% of those had used it (QQ).	
Education/Further Educations – including pre-school/mainstream and autism specific	Several mainstream schools were cited by carers as being good (C). A person centred approach is taken to meeting the needs of students in college (SAQ).	There was a suggestion from a Statutory Agency that the information from schools to colleges could be passed on earlier so that individuals could be supported.
Employment/ Employability	Employment services work to support individuals to acquire the skills needed to gain employment or access training. The support offered is person centred and for as long as needed. Potential employers are provided awareness raising (SAQ). Nationally 33% people with autism is said they were in work, of whom 47% had support and 56% enjoyed their work. (QQ)	It was suggested that there is a lack of employment opportunities available particularly outside of Lerwick (M).
Housing	Housing as an organisation has a good understanding of autism (C).	Housing services would like to improve housing for people with autism Shetland wide (M).
Respite	The ASD policy 2011 recognises the importance of respite to families (P). The Laburnum Centre works well providing both respite and life skills development (C).	

Transport and Rural Issues	" I do feel however that the discreet geography and small population of Shetland means that there are opportunities to work productively & imaginatively with other agencies in meeting support needs." (SAQ).	Rurality presents a challenge to delivering the strategy in current economic restrictions (SAQ).
Autism Specific Services for Children and Adults	Spectrum group, Disability Shetland, Bruce Family Centre; Laburnum Centre were all listed as valueable services (M&C). One of the benefits is that these services offers routine and predictability (C). Nationally 66% of service providers were providing a targetted service for people with ASD (QQ).	

7.

A framework and process for seeking stakeholder feedback to inform service improvement and encourage engagement.

10.

A self-evaluation framework to ensure best practice implementation and monitoring.

Autistic Spectrum Disorder Policy for Children and Young People, Shetland Islands Council Children's Services (2011) recognises the importance of involving people with autism and their carers.

9.

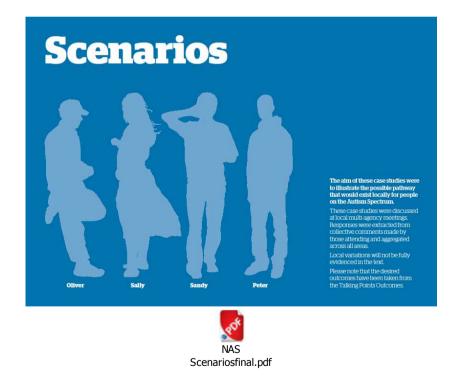
Clear multi-agency procedures and plans which are in place to support individuals through major transitions at each important life-stage.

	What's working well?	What's not working well?
Transitions – all major life transitions	The ASD policy (2011) promotes successful transition in to suitable adult service provision (P). The links between school and adult services are robust	Lack of data sharing can make transitions difficult (MQ).
	(M) and liaison with further education good (M&MQ).	

11 Scenarios

During the course of the project the Mapping Coordinators employed a number of case studies to help agencies determine how they worked together with individuals. Of all the case studies offered four were used more often than others. Below you will find an illustration of one of those case studies with the information extrapolated from across Scotland to give a picture of what is likely to happen. This will be useful in measuring what's happening locally against the information drawn nationally.

To access the results of the case studies double click on the image below and then click on each named case study to review the results. If you are unable to access the PDF through the image please double click on the icon below.



11 Moving Forward

The information presented above, as stated in the introduction, offers a snapshot of the situation in your area with regard to the delivery of services for people with Autism and their families. The Service Map is not the complete story of the services you deliver in your area, However, together with the National findings and knowledge of your current delivery, it is hoped this service map will help inform the design and delivery of your Autism Action Plans as agreed under Autism Strategy funding to local authorities.

The information from the entire National Autism Services Mapping Project, across all local authorities in Scotland, will be gathered together and a full report published. The Scottish Strategy for Autism web site has up to date information on the implementation of the strategy for your information <u>http://www.autismstrategyscotland.org.uk/</u>