

## **Reducing Exclusions and the use of Specialist Services for Autistic Children and Young People**

**Autism Education Trust and  
Institute of Public Care**

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## 1 Introduction

Autistic children, young people and adults want to lead ordinary lives and do the things that most people take for granted. They want to study at college, get a job, have relationships and friendships and enjoy leisure and social activities. The key theme that has run through national policy and good practice guidance for almost 40 years is the need to provide services that support children, young people and adults to have healthy, meaningful, ordinary lives. The concept that autistic people have the same rights and aspirations as those without autism is the foundation upon which commissioners should develop services that reduce or even prevent the need for more intensive, costly services.

This paper sets out good practice in the approach to commissioning services for autistic children and young people. It illustrates a practical application for children and young people of the 'Ordinary and unique lives for adults with a learning disability and/or autism: a six steps approach' (Institute of Public Care, 2020) through the implementation of the Autism Education Trust (AET) programme. It provides evidence of how the AET programme helps local areas to reduce exclusions and demand on specialist services, which either makes savings for the public purse or enables local authorities to meet the needs of more people without compromising outcomes or increasing budgets.

Our vision is that autistic children, young people and adults can make the most of their lives and talents. That people and their families experience equality of opportunity and can access options that promote a sense of belonging to and inclusion in their local community. Autistic people can access efficient and effective support that enables citizen-centred wellbeing outcomes and minimizes escalation of need and risk through access to universal or mainstream services, early intervention, prevention, and specialised support.

### 1.1 The Autism Education Trust (AET)

The [Autism Education Trust](#) is a national partnership that operates across England and is funded by the Department for Education. The AET creates and delivers a national professional development programme to enhance knowledge, understanding and skills in the workforce across early years, schools and post-16 settings to meet the needs of autistic children and young people.

The partnership consists of a range of organisations, including local authorities, the voluntary sector, universities and schools. These organisations apply to become AET hubs, appointed and licenced by the AET to deliver the AET programme. As a result of this partnership, the AET currently has 56 early years hubs, 64 school hubs and 33 post 16 hubs. Among other things, the AET partnership offers the largest national autism training programme in England for education-based staff, having to date provided

professional development to over 277,000 early years, school and post-16 staff, including head teachers and senior leadership.

## 1.2 The Institute of Public Care

The [Institute of Public Care](#) (IPC) is part of Oxford Brookes University. As an outstanding university institute, we work with our clients to deliver better health, education and social care outcomes. Our professional experience and academic rigour drives improvement and innovation and generates new learning for the benefit of people, organisations and communities.

We provide applied research and evaluation, consultancy, and training for national and local government, health care services and providers of education, care and support. We have particular expertise in in the complex arena of managing demand for public care services within a context of austerity and limited resources.

## 1.3 Autistic children and young people and education

The number of children and young people who have autism as their primary special educational need or disability (SEND) in England has increased year on year from 66,195 in 2011/12 to 100,010 in 2015/16, accounting for more than 1.17% of the total school population, with over 70% being educated in mainstream provisions (Department for Education, 2018).

The All-Party Parliamentary Group of Autism (APPGA) looked at the impact of SEND policy on the lives of children and young people on the autism spectrum. A key recommendation that emerged from the report was *“a need to embed autism understanding throughout the education system via training for all teachers, including head teachers and senior leadership.”* (APPGA, 2017, p5).

The exclusion of children on the autism spectrum in schools in England has been of concern recently. The report ‘We need an Education’ by Ambitious about Autism (2018) highlighted the increasing number of exclusions for children and young people on the autism spectrum from educational settings in England. Although autistic children and young people represent only 1.7% of the total school population, they account for 2.5% of all exclusions in England (Department for Education, 2018).

Fewer than half of teachers in a recent study said that they were confident about supporting a child with autism (APPGA, 2017). Goodall (2018) found that autistic pupils felt unsupported and misunderstood by teachers, particularly when it came to their social and sensory needs. Yet a recent survey found that 60% of young autistic people said that having a teacher who understands autism is the main thing that would improve their experience of school (APPGA, 2017).

## 2 Commissioning good lives for people with learning disability and / or autism

At its most basic, commissioning involves understanding need and then ensuring there is a supply of services to meet that need.

Commissioning is a set of activities by which local authorities and partners ensure that services are planned and organised to best meet the outcomes required by their citizens. It involves understanding the population need, best practice and local resources and using these to plan, implement and review changes in services. It requires a whole system perspective and applies to services provided by local authorities, as well as public, private and third sector services.

The legislative drive to commission in partnership suggests that there needs to be a shared understanding of what integrated and collaborative commissioning looks like, and when it is appropriate.

Joint commissioning is the process in which two or more organisations act together to co-ordinate the commissioning of services, taking joint responsibility for the translation of strategy into action.

Integrated and collaborative commissioning is a complex strategic activity combining traditional disciplines of strategic planning, service design, procurement, internal service planning and performance management, and applying these disciplines in a new multi-agency environment. It is not simply about contracting between purchasers and providers but concerns the whole range of ways in which services are developed and secured, including grants, service agreements, voluntary and community contributions and co-production.

The Institute of Public Care whole-system commissioning model (2017) is an evidence-based framework to describe the support and services needed to promote good outcomes for people with a learning disability and/or autism.



The model was co-designed by people with autism and/or disabilities, their families, social care, health and education professionals and representatives from wider community groups. The model is based on the principle that a co-ordinated whole system response to support people and their families during key life episodes could, in some instances, reduce the need for some types of expensive 'specialist' provision.

### **3 Reducing exclusions, managing demand and the AET programme**

#### **3.1 When should longer-term specialist intervention be used?**

The complexity of need of some autistic children and young people means that there will always be a need for longer-term specialist intervention. However, there are also a significant proportion of autistic children and young people who end up in specialist services because they experienced trauma and crisis in mainstream services when reasonable adjustments were not made because mainstream professionals did not have the skills or confidence to work with autistic children and young people.

##### **Objective**

Specialist settings are available to autistic children and young people who have complex needs.

#### **3.2 What has been the approach so far to managing demand on specialist services?**

Previously, there have been two main approaches to managing the demand on specialist services: early intervention and short-term intensive intervention.

##### **3.2.1 Early Intervention**

The provision of preventative and early intervention approaches can reduce the escalation of need and risk, improve personal outcomes and build capacity. Identifying need at its earliest point and providing the appropriate intervention can reduce cost across the lifespan, as can being responsive to low level needs before they escalate.

##### **3.2.2 Short-term Intensive Intervention**

Anyone who requires additional support to prevent or manage a crisis should have access to hands-on intensive 24/7 multi-disciplinary health and social care support at home, or in other appropriate community settings, including schools and short break/respite settings. This support should be delivered by members of highly skilled and experienced multi-disciplinary/agency teams. The interface between specialist routine multi-disciplinary support services and this type of intensive support service should be seamless.

##### **Objective**

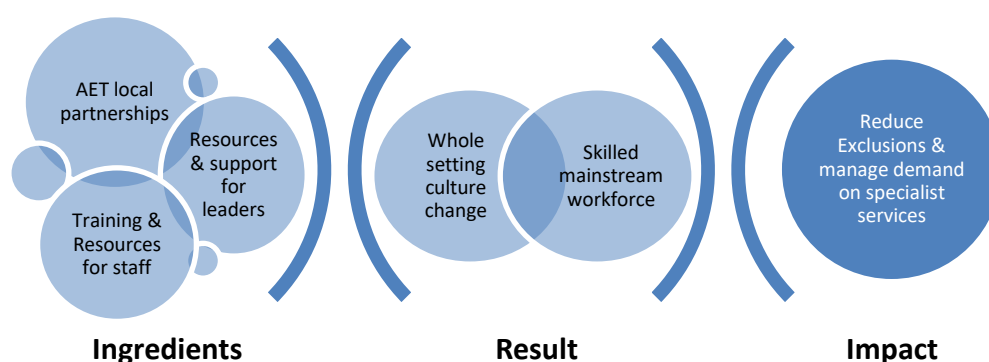
Need is identified at its earliest point and the right intervention is provided to prevent the escalation of need.

### 3.3 A new approach to managing demand – mainstream plus

Early intervention and short-term intensive intervention both have a role to play in managing the demand on specialist services but on their own, they are not enough. The main reason for this is that both these types of intervention focus on individuals and their families. It is right that these types of interventions have this focus but managing demand means that there also needs to be a focus on working with whole settings to change culture and upskill the workforce so that they have the confidence and resilience to support and educate autistic children and young people in a sustainable way.

#### 3.3.1 A delivery model for mainstream plus

Using the IPC whole-system commissioning model we have created a new approach to managing demand through investing in a mainstream plus approach.



The Autism Education Trust provides a framework that can be used to change culture within education settings and across the local authority by providing training, ongoing support and an approach to managing demand for top up funding and Education and Health Care Plans. Embedding the AET Programme creates a mainstream workforce who are skilled and confident, and local mainstream settings that are resilient enough to educate the local population of autistic children and young people.

The skill, confidence and resilience in mainstream settings reduces the demand on specialist services, helps to prevent exclusions and decreases the associated costs.

#### Objective

To enable autistic children and young people to remain in mainstream settings close to home, experience a good education and achieve their learning potential.

## 4 Case Study: Birmingham City Council

The Communication/Autism Team (CAT) is part of Access to Education at Birmingham City Council and is a partially funded local authority specialist autism service, providing support for pupils with a diagnosis of autism, their parents and caregivers, and staff working in educational settings. The team works in all local authority maintained mainstream nursery, primary and secondary schools and academy specialist schools and also with some independent specialist settings through service level agreements.

The AET programme provides the foundation and framework of the CAT model of service delivery for all schools (see Simpson, 2017 for further detailed explanation). This has proved highly effective in raising the capacity of all schools, but particularly mainstream schools, to meet the needs of children and young people with autism. Rather than working with individual children through a case referral system, the model promotes whole-school development which is consistently applied through both the AET training and the implementation of the AET standards and competency frameworks. CAT uses these frameworks to benchmark how 'autism friendly' schools are, and it enables them to assist schools to reflect and identify ways to improve their good autism practice by making reasonable adjustments as a whole setting.

Evaluation data collected by CAT and Warwick University indicates that the AET programme led to new conceptualisations of how to effectively teach pupils with autism by making reasonable adjustments. Changes in day-to-day practice in autism education led to a statistically significant rise in the knowledge and understanding of participants after the training and was also stimulating positive and lasting changes in practice (Cullen et al. 2013, 2016). A second set of evaluation data collected by CAT and the Autism Centre for Education Research also indicated that staff members felt more confident in their abilities, with increased knowledge around how to make reasonable adjustments and a perceived associated reduction in exclusions (Guldborg et al, 2019).

During 2018/19 the CAT team collated monthly information from the schools on the number of pupils excluded, the number at risk of exclusion and the number of exclusions that had been avoided. The data the CAT team collected on exclusions indicated that their work prevented an average of 38 exclusions a month (range of 25 – 44) equating to an average of 456 a year.

In 2016 in Birmingham the percentage of autistic children and young people in specialist schools was 39%. In 2019 it was 35%. This is a decrease of 4% and equates to a difference of 178 children and young people. This is important because the average cost of specialist provision in the local authority area is £67k per year per child and so the 4% decrease equates to a saving of £12 million.

### **Impact**

There is evidence to suggest that embedding the AET Programme in all the work they do has enabled CAT to prevent exclusions and support autistic children and young people to remain in specialist settings. The cost to CAT of the AET licence to run the AET programme is approximately £15k per year. The average cost of one specialist placement per child per year is £67k.

## 5 Case Study: Leicestershire County Council

Leicestershire Autism and Learning Support Team (ALST) is one of three teams that make up the Specialist Teaching Service (STS) within the Children and Family's Service of Leicestershire County Council. They provide specialist teaching support to all schools across Leicestershire regarding autism spectrum issues – both statutory and non-statutory work. The team consists of one Team Manager, eight teachers, and eight practitioners (support assistants).

Similarly to the Birmingham team, the Leicestershire team have embedded the AET programme into the model for their service delivery. The AET Programme is the foundation stone of the support provided to schools in Leicestershire. Previously the team had been struggling to meet demand for specialist support from mainstream settings. Education settings referred individual children that they were struggling with, the waiting list was long, and settings were not skilled up to engage in basic good autism practice. Costs were spiralling and the situation was not sustainable, so Leicestershire changed its approach. They reduced their focus on (and with it the resources allocated to) the case by case referral approach and started instead to work with whole settings. Leicestershire embedded the AET programme in a strategic way across education and restructured the workforce so that there were more people working with whole settings to change culture using the AET programme. This whole setting, culture change approach supported Leicestershire to manage demand on their specialist outreach services for education. They offered the AET training, for free, to all mainstream education settings across early years, schools and colleges. Although free, Leicestershire made the training mandatory, stating that education settings must engage in the training and the support available, to help them embed the standards and competency frameworks before the education setting could make any request for specialist support or top up funding. Education settings also had to refresh their training every two years.

Between 2017 and 2018 there was a 17.5% increase in the number of autistic children and young people in Leicestershire. In 2017 Leicestershire had 498 pupils on its active caseload for specialist support in mainstream settings which equates to 64% of the autistic children and young people in Leicestershire. In 2018 the team had 553 pupils which equates to 61% of the autistic children and young people in Leicestershire on its active caseload, a 3% decrease for specialist support in mainstream settings.

Eligibility criteria for accessing the specialist service had not become more stringent, waiting lists had not become longer, and there was evidence to suggest that the outcomes for autistic children and young people had not been compromised. Data from evaluations demonstrated that the AET training empowered staff to make reasonable adjustments and resulted in sustainable changes in practice. Leicestershire reported that the key to success was the AET Programme's approach to working with whole settings to embed the training, AET standards and competency frameworks. The whole setting, culture change approach ensured that all staff developed the knowledge, skill and confidence to meet the needs of autistic children and young people without support from the specialist service i.e. skilling up mainstream staff was a way of reducing the demand on services.

It could be argued that this is simply a by-product of reducing budgets. That the ALST have not enjoyed an increase in budget to meet the increasing numbers and so as a



result are meeting the needs of (proportionally) less people. Under these circumstances we would expect the eligibility criteria to access specialist support to become more stringent and/or the waiting list for specialist support to increase. However, ALST report that neither of these things are the case, demonstrating that even though there was a significant increase in the numbers of autistic children and young people, it had not resulted in an increase in autistic children and young people using the specialist, individual support.

**Impact**

Since the change in approach from a focus on case work with individual children to supporting whole settings to embed culture change the referrals to the Leicestershire Autism and Learning Support Team specialist service have reduced.

## 6 Case Study: Lincolnshire

Lincolnshire Autism, Social Communication SEND Outreach Service began to embed the AET programme in 2015. The team provides support to education settings in relation to individual children and young people and works with whole settings to support them to embed culture change via the AET Programme.

Like other local authority areas, Lincolnshire has seen an increase in the number of autistic children and young people. In 2015 there were 1,328 autistic children and young people known to schools in Lincolnshire. By 2019 this number had increased by 28.4% to 1705.

Since Lincolnshire started to embed the AET Programme there has been a steady decrease in the number of autistic children and young people excluded from mainstream settings. In 2015 the number was 35 fixed-term and permanent exclusions, by 2017 it was 25 and by 2019 it had decreased to 7, an 80% decrease since 2015. Institute of Public Policy Research (2017) research estimates that the cost of permanent exclusion is around £370k per young person in lifetime education, benefits, healthcare and criminal justice costs. This calculation reflects the costs: of education in the alternative provision sector; lost taxation from lower future earnings; associated benefits payments (excluding housing); higher likelihood of entry into the criminal justice system; higher likelihood of social security involvement; and increased average healthcare costs. In Lincolnshire the number of permanent exclusions in 2015 was 9 and by 2019 there were none. That is a saving of £3.33 million to the public purse. The cost of the licence for Lincolnshire to run the AET Programme is just £10k per annum.

The percentage of autistic children and young people transferring to a specialist school has also reduced during the time that Lincolnshire have been embedding the AET programme. Figures are not available for 2015, but in 2017 forty-five autistic young people transitioned to a specialist setting (2.8% of all autistic children and young people known to schools). The average cost of a specialist setting is £67k per annum. In 2017 the cost of those transitioning would have been approximately £3 million. By 2019 the number of autistic children and young people transitioning to specialist settings had reduced to twenty-seven (1.6% of all autistic children and young people know to schools) at an approximate cost of £1.8 million. If the percentage had remained the

same (i.e. 2.8% of autistic children had continued to transition to specialist settings) the cost would have been approximately £3.2 million.

### Impact

Since Lincolnshire have embedded the AET programme the number of exclusions from mainstream settings and the number of autistic children and young people transitioning to specialist settings have reduced resulting in significant savings and a successful approach to managing demand on specialist services.

## 7 Summary

All the local authorities we speak to tell us they are facing the same three challenges:

- Rising numbers of autistic children and young people
- Mainstream settings that don't have the confidence or skills to support and educate autistic children and young people
- Increasing demand on specialist services and spiralling costs that are not sustainable

A new approach to managing demand is required and this can be achieved by **investing in a mainstream plus model**. The AET model for mainstream plus creates a system wide approach to upskilling and supporting the mainstream workforce.

The AET programme results in savings to the state precisely because it addresses the key issue that the Institute of Public Policy Research (2017) highlighted was important in enabling schools to have the capacity to prevent exclusion and reduce demand on more intensive services:

*“Workforce development is key to preventing rising exclusion. As resources outside schools diminish, capacity inside the workforce to deal with complex needs is more and more pressing (page 27).”*

The AET programme is a structured, cost-effective approach to skilling up the workforce in mainstream and specialist settings to support autistic children and young people via reasonable adjustments and targeted support and is a good example of the practical application of the IPC whole-system commissioning model for managing demand.

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