

Working Group 4 meeting minutes  
9<sup>th</sup> June 2015, 11 am  
Perth Autism Support, Perth

**REVIEWED BY CHAIR**

**Members present:** **Kabie Brook**, Autism Rights Group Highland; **Bill Colley**, Caledonia Learning and Care; **Elizabeth Coyle**, Service User; **Anne Marie Gallagher (CHAIR)**, NHS Greater Glasgow and Clyde; **Anne MacDonald**, The Richmond Fellowship Scotland; **Jenny Paterson**, National Autistic Society; **Marie Claire Shankland** for Janine Robinson, NHS Education for Scotland; **Andrew Stansfield**, Patrick Wild Centre, University of Edinburgh; **Annie Watson**, Autism Network Scotland

**Apologies:** **David Breslin**, Speaking Literally; **Kirsty Forsyth**, Queen Margaret University/Autism Achieve Alliance; **Anna Robinson**, University of Strathclyde; **Janine Robinson**, NHS Education for Scotland; **Ali Taylor**, Care, Support and Rights, Scottish Government

**Minutes by:** Tracy Wenzl, Autism Network Scotland

- I. **Welcome and Introductions** – members introduced themselves to the group.
- II. **Minutes** – approved by the full group. During this, a discussion was raised about whether two points required additional action items.
  - a. Communication with ADHD and dyspraxia specialists - MCS reported that NHS Education for Scotland (NES) is building partnership through an event later this year
  - b. Working with teacher training programmes on autism education – discussion ensued about whether the NES Autism Training Framework could be adapted to fit Education needs.  
(new) **ACTION ITEM:** AMG to contact David Watt, Education Scotland, about adapting Framework for Education

Minutes from March were then approved as written.

III. **Review of Action Items**

- a. KB to send JR her input on Training Plan – DONE
- b. JR to send KB pharmacist web resources on autism – DONE
- c. AMG and JR to partner on creation of a questionnaire for April conference – Done – AMG reported that 26 psychiatrists responded to the survey. Their top priorities were mentoring/help with diagnostics, mentoring/help with complex cases, and the opportunity to spend time shadowing in autism specialist services. BC noted that in education, there are outreach teachers who spend time in classrooms doing hands on work next to teachers. Everyone would benefit from multi-professional training. KB agreed, noting it was about shared learning and practice. JP suggested this idea be taken back to Governance Group as recommendations from the group. EC noted it was a great idea, but might be difficult to implement due to resources (lack of). MCS noted that Fife has a great example of a diagnostic pathway (for children).  
**ACTION ITEM:** MCS to contact Carolyn Brown for further information about the Fife model

- d. KF to send Circle information to BC – not discussed (DONE - noted later by BC that action was completed and he'd received the information)
- e. KF and AMG are to look at available diagnostic facilities across Scotland and determine what their current level of training is (informed/skilled/etc) – not discussed
- f. JR to meet with National Autism Co-ordination Team in April to consider ways of determining best practice in diagnosis in local authorities, and how to disseminate the Training Framework and Plan in local authorities for inclusion in local strategies and plans – DONE – MCS reported that this meeting did occur, and that JR has partnered with NACP to present information at a number of events. Local authorities are interested in using these tools towards improving their local plans and strategies. They are working to assure each local authority addresses training in their plans.
- g. AT to consider best route to getting information with regard to what local authorities report to be doing on diagnosis in local strategies. – DONE – AT reported via email that the NACP team would be best placed to take up this work.)

IV. Update on NES Training Plan and review of documents – not discussed

V. Concept of Grandparenting – AMG distributed a document explaining the concept of grandparenting in community and questioned if there was a way to utilise this relationship as a framework for promoting wider autism awareness in the community. Specifically, she pointed to grandparents' role in teaching children skills, because they have the free time to spend. She proposed taking this idea to the Governance Group. Discussion ensued. It was generally agreed that the grandparenting analogy wasn't representative, but that the idea behind it of having the right kind of people in the community with expertise and philosophy to educate was a good one. AM noted that it was about improving training, listening to individuals with autism, and that actions needed to be person-centred. It is important to work towards the person's desired outcomes, not an organisation's.

BC noted that he was uncomfortable with autism-only training because so many problems can be co-morbid; he would instead prefer a neuro-developmental approach. KB suggested a whole-person approach, and AS noted that a good diagnostician looks at the whole person, not just with an eye to finding autism. Others suggested that it was important to keep the focus on autism; until you get the autism sorted out, it can be hard to sort anything else out.

It was agreed that the general idea of an individual with time and expertise in autism to share was a good one to promote.

The discussion briefly shifted to the idea of autism champions in NHS facilities; Lothian is now trying this approach. AMG noted that Greater Glasgow and Clyde tried this and changed models away from it, largely due to issues with logistics (finding space to work, setting appointments, etc.) The main issue came from having people with caseloads not

having their own office/diagnostic facilities. If caseloads were managed in a different way, perhaps this model could work. BC noted that educators are also overstretched, and that it was an issue of resources, not training. In both cases, it was noted that experts should be upskilling others, and that should be accomplished in a way that has the most impact for investment. BC wondered what was going on in teacher training and thought we might have the best impact by focussing upskilling efforts there. He wondered what was going on in the various local authorities. AW noted that in Working Group 2, a member of the group went through all the submitted strategies and plans and gathered information about how they approached transitions. JP said that teacher training was critical to affect, and that it would create change if the proper training was given early on. Several others noted that they'd heard from teachers about the need for support and mentoring around autism. BC wondered what is currently being taught in teacher training about autism.

**ACTION ITEM:** BC to contact Jayne Porter at Autism Network Scotland/Working Group 3 member, and Moira Park, Scottish Autism/Autism Toolbox, to see if they have information about current teacher training programmes

EC noted that she would like to see autistic people get paid when they participate in training programmes for teachers, etc. KB noted that they should also involve autistic teachers in the programmes, and pointed to the example she gave in the first meeting about Shell autism champions. AM said that at The Richmond Fellowship Scotland, they have a small team of managers whose entire role is to work with support staff, modelling for them, mentoring them and helping to upskill them – these managers do not carry caseloads of their own. JP said that the National Autistic Society has been doing similar work in a new programme, where experts from Daldorch School are spending time with key workers, families and other support workers to mentor them. She said it is about bespoke services geared for individuals. She also noted that the 3<sup>rd</sup> sector has more freedom to be creative. KB noted concern that people with learning disabilities and/or autism are being given choices; services are still making the decisions about how to support them. AM noted that many decisions are made based on commissioning.

JP noted that the Dementia Strategy is a good model in how they have champions in each area. If money is invested in something like this, it would need to be planned long-term and sustainable. The discussion then turned to what to call these roles; champion was thought to be someone who promotes or leads on supporting the needs of people with autism. Others thought the role was more of an expert or mentor. No name was agreed, but AMG will take the concept of an expert role sharing experience/mentoring others to the Governance Group. AM suggested that the group write something. MCS noted that the Scottish Government is typically keen to see outcomes and impact, and that the group's work should be geared towards addressing this.

VI. Second section of the Training Framework – Management, Support and Intervention – not discussed

VII. Action Plan – not discussed

VIII. Any other current business – not discussed

IX. **Date for next meeting** – it was decided that a poll for the next meeting date and time would be conducted via email

X. Close – meeting adjourned at 12:55 pm.

#### **KEY MESSAGES:**

Working Group 4 would like to see more mentoring and sharing of autism experience across health, education and social work. They are exploring the best ways to accomplish this. One idea is to improve upon current teacher training. Another idea is to look at local authorities who have successful programmes and use these as a model for other areas. Still another idea is to find ways to free up some time for people working in education and health with expertise in autism to share what they know with their colleagues.

#### **SUMMARY OF ACTION ITEMS:**

Carried forward from March meeting:

**ACTION ITEM:** KF to send Circle information to BC

**ACTION ITEM:** KF and AMG are to look at available diagnostic facilities across Scotland and determine what their current level of training is (informed, skilled, enhanced or expert)

From June meeting:

**ACTION ITEM:** AMG to contact David Watt, Education Scotland, about adapting Framework for Education

**ACTION ITEM:** MCS to contact Carolyn Brown for further information about the Fife model

**ACTION ITEM:** BC to contact Jayne Porter at Autism Network Scotland/Working Group 3 member, and Moira Park, Scottish Autism/Autism Toolbox, to see if they have information about current teacher training programmes