



Learning From Local Area Strategic Working On The Children and Young People's Learning Disability And Autism Agenda

Admissions Avoidance and Crisis Prevention

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Introductions



The Focus

- Cohort of children and young people with learning disabilities and/or autism who experience crisis but do not meet the thresholds for admission to Tier 4 CAMHS settings
- Presenting in crisis at settings across the system
- Parent carers are managing, often to breaking point
- Exploring opportunities to engage with and support children, young people and their families earlier?

Reflections in today's presentation have been informed by:

- Focused work in one region (not yet published)
- Learning from Learning Disability & Autism Accelerator Sites;
- CDC's work to develop the Key Worker function specification and the early learning from the Keyworker Pilot sites;
- CDC's involvement in range of related programmes of work.



The National Context In 2021

Winterbourne View – 10 years on

NHS England Learning Disability & Autism Programme, which includes a focus on children and young people

We have multiple models of care and support that show improved outcomes

Components of a system that works but do we have the robust scaffolding around those components to make it sustainable?



What does good look like?

Early diagnosis; & Post-diagnosis support including specialist parenting classes;

Strong early links with education services;

A Positive Behaviour Support programme which is consistent across settings;

An early warning system potentially linked to key worker/named clinician models;

An effective and truly multiagency Dynamic Support Database

Family support which looks at the whole family;

Wrap-around support which looks at good multi-agency intervention approaches;

Education which recognises and understands behaviour as a form of communication;

Education, Health and Care (EHC) plans = “whole child” planning

Good therapeutic short breaks service

These Are Our Children, by Dame Christine Lenehan



Themes Identified

How Can We Manage Risk Appropriately And Proportionately?

Provision - Sufficiency, diversity and creativity

- Development of range of provision that is community based, taking a pathway approach
- Utilise investment available (*announced in Autism Strategy, July 2021*) to speed up autism diagnosis
- Adopt a region-wide focus, & region-wide review of joint commissioning arrangements

Processes

- Effective Dynamic Support Database processes
- Multiagency and multidisciplinary team that know the child or young person and their family circumstances
- A clear approach to understanding all risk factors for an individual CYP and family
- Clear communication strategy in coproduction with parents, children and young people

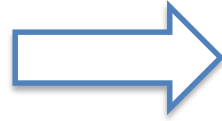
People

- A clear understanding of workforce needs at an Integrated Care System or regional level
- Ensure mainstream schools staff are included in workforce needs analysis



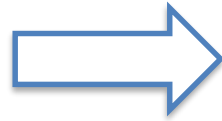
Provision: Key risks and the consequences of not getting it right

Lack of early intervention provision



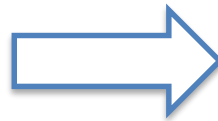
Potential escalation of need

Lack of family support



Families' ability to care is not safeguarded

Lack of provision for children with complex needs



Inevitable cycling between inappropriate provision and request for tier 4 whether or not appropriate



Provision – what's needed?

Diagnosis and support is often hard fought for and too often too late to prevent crisis; e.g. identification of girls with autism

Short breaks and respite – a good crisis offer is needed; but recognition that need sufficient specialist providers for this type of provision; innovative approaches to fostering

Learning from the [Ealing model](#), which seeks to address challenges at a local level and prevent crisis admissions and family breakdown

There's great value of in Personal Budget offers that are flexible and responsive

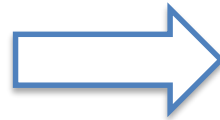
Family support that is sufficiently personalised to their needs, off the shelf doesn't work for this most complex needs.

Parent/carer support – specific provision focused on their own wellbeing



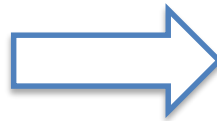
Processes: Key risks and the consequences of not getting it right

Lack of multi-agency input to the DSD



Insufficiently granular understanding about a child's risk profile

Lack of cross agency understanding about the DSD and its purpose



Professionals not putting children forward for the DSD – children reaching crisis



Processes

Dynamic Support Databases

- Need multiagency input
- Need sensitivity
- Informed decision making/agreed criteria for inclusion – is this clear?

DSD additional risk factors to consider

- School refusal, attendance and exclusions
- Age - 15 and 16 at the time of crisis
- Family resilience

Informed decision making/Criteria for inclusion

- Does the system have a shared definition of risk?

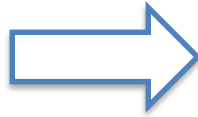
Agreeing admission

- Shared system process and oversight?



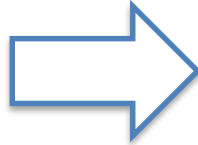
People: Key risks and the consequences of not getting it right

Lack of training/support
in mainstream schools



Potential
escalation of
need

Lack of agreement or
understanding about the
solution for a child's
needs



-Children cycling
- Community
professionals being
left holding levels of
risk with which they
are uncomfortable



People: Workforce Skills/Expertise/Understanding

Mainstream Education Settings

- Autism awareness sufficient?
- Able to support when needs escalate?

Wider workforce skills gaps

- Risk management
- Universal workforce autism awareness

Workforce skills and confidence around dual diagnosis and more complex needs

- When mental health needs arise
- Could peer-to-peer support provide a forum to discuss individual cases where there is additional complexity?
- About support to hold and manage risk in absence of specialist intervention

Commissioning capacity and strategic leadership

- Do our commissioners have sufficient capacity to hold this complex agenda in already wide portfolios?
- Sufficient investment in commissioning skills



National Autism Strategy – related recommendations

- Provide £3.5 million of funding to speed up identification for autistic children and young people who are waiting for their autism diagnosis assessments and are at risk of crisis or being admitted to inpatient mental health settings
- Invest £7 million to test and implement the most effective ways to reduce diagnosis waiting times for children and young people, and address the impact of the Covid-19
- Invest £3 million in respite and short breaks after COVID19 with the aim of reducing admissions of autistic children and young people with and without a learning disability to tier 4 mental health settings
- Providing funding (£600,000) for autism training and professional development in schools and colleges
- Significantly expand a school-based identification programme based on a pilot in Bradford from 10 to over 100 schools over the next 3 years. This involves health and education staff working together in schools to assess children suspected to be autistic. Early findings from the pilot are positive, with children being identified and getting support earlier.



Discussion/reflections

- Questions?
- Anything that chimes with your local area?

Please fill out the post-evaluation form

