

# Hertfordshire - 0-25 together service

Merging children and adult disability social care teams has led to improved communication with parents, more personalised services and happier staff. [Summer 2019]

National Context	Local issue	Solution	Impact
<ul style="list-style-type: none"><li>• SEND reforms require that services support CYP from ages 0 to 25</li><li>• However, families still report a “cliff edge” as young people leave school with difficult, fractured transitions and poor outcomes into adulthood</li></ul>	<ul style="list-style-type: none"><li>• Local families were reporting frequent challenges with social care</li><li>• Staff in children’s services often did not understand the world of adult social care and vice versa</li><li>• Poor preparation for adulthood</li></ul>	<ul style="list-style-type: none"><li>• An integrated Children and Adult’s social work service that:<ul style="list-style-type: none"><li>• Promotes independence</li><li>• Planning for adulthood from early ages</li><li>• “One plan” approach</li><li>• Proactive and high quality communication with families</li></ul></li><li>• Embodied in a “professional promise”</li></ul>	<ul style="list-style-type: none"><li>• Improved communication between families and practitioners</li><li>• Greater personalisation of services</li><li>• Happier staff with a developing practice model</li><li>• Enhanced satisfaction from families</li> <li>• But - still not perfect, evolution not revolution</li></ul>

# Peterborough - ASD / ADHD pathway

A new model of services for families with children with ASD and ADHD increased diagnosis and support rates for families referred from 10% to 70%. [Summer 2019]

## National Context

- Families report that access to services for children with autistic traits is difficult
- Long waiting times for assessment and treatment
- Children are offered binary solutions and diagnosis (you are either autistic or not)
- Children are not seen holistically (e.g. you can either have autism or mental health issues, not both) and in a family context
- Few examples of the multi-disciplinary approach as required by the SEND reforms

## Local issue

- Families were experiencing long waiting times for assessments with no support during the time they were waiting
- Approximately 10% of referrals received a diagnosis of ASD
- Families without a diagnosis were left with no answers and no support
- Even those who did receive a diagnosis of ASD often struggled to get any post diagnosis support

## Solution

- A task and finish group was set up by the local authority and CCG to focus on the waiting times and lack of support
- A new pathway was developed offering families a programme of support accessed via early help:
  - Parenting programmes
  - Support groups
  - Health be-friending
  - Information / training sessions
- All accessed through early help

## Impact

- Between 70% to 90% of families now get some form of diagnosis and help
- Positive feedback on parenting programmes *"I learnt a lot about my child..."*
- Better support post diagnosis due to improved efficiency as a result of the pathway
- Parents have self reported benefits such as:
  - Improvement in parenting confidence
  - Improved relationships with their children
  - Strategies to manage behaviours

# Wiltshire - Short breaks scheme

A person centred and family focussed short breaks scheme designed by parents increased uptake from less than 100 families to over 1500 with a satisfaction rating of over 98%. [Summer 2019]

## National Context

- Families report that their short breaks provision is inflexible, hard to access and does not meet their needs.
- Personal budgets are hard to obtain and often even harder to administer
- Many forums are reporting cuts to short breaks services nationally

## Local issue

- Prior to 2008, fewer than 100 CYP were accessing short breaks.
- Short breaks were typically overnight respite provision that could only be accessed through a social care assessment for CYP with the most complex needs

## Solution

- Co-produced a new short breaks scheme with parent carers.
- Families can choose from a menu of up to 90 hours of activity club time or a payment of £460 or a combination of the two.
- Parent carers designed the eligibility criteria
- Worked with providers to develop the market to commission services that families wanted
- Worked to an efficient cost envelope
- Scheme is reviewed annually by parent carers to ensure it remains relevant and affordable.

## Impact

- The scheme is person centred and flexible, transparent and easy to access. It is cheap to administer and run which means more money can be spent on services.
- The new scheme meets the needs of over 1500 families.
- The scheme receives a 98%+ satisfaction rating of good or excellent in an annual survey
- Hundreds more children access universal and targeted services (not just specialist) promoting inclusion
- Many examples of CYP self esteem and confidence improving.

# North East and North Cumbria Accelerator site project

A pilot on how to improve mental health support to children and young people that reduced avoidable admissions to hospital and increased staff and parent confidence. It is expected to reduce school absences and exclusions. [Summer 2019]

National Context	Local issue	Solution	Impact
<ul style="list-style-type: none"><li>•Families report that mental health services are hard to access: difficulties being referred for diagnosis, long waiting times to be diagnosed and then long waits for treatment.</li><li>•Often families feel they must reach crisis point before they get help.</li><li>•IN addition, families report that schools and medical services do not work together effectively.</li></ul>	<ul style="list-style-type: none"><li>•How to reduce the numbers of children and young people with mental health problems getting to crisis point.</li><li>•Through providing early help in a range of setting including schools</li><li>•There were two main programmes:</li><li>•Autism school support programme</li><li>•Intensive support with schools and families</li></ul>	<ul style="list-style-type: none"><li>•Parent Carer forum fully involved in designing the project along with LA's and CCG's.</li><li>•15 mainstream Secondary schools, 6 special schools and 7 parent carer forums</li><li>•Children and young people peer network set up right across the area for training and networking experience. Organised by PCFs</li><li>•Joint training in Positive behaviour support, reasonable adjustments, co-produced top tips for holding meetings with parents, All about Me course for newly diagnosed ASD children, Annual health checks and affordable.</li></ul>	<ul style="list-style-type: none"><li>•Outcomes include a reduction in avoidable admissions to hospital, an uptake in annual Health checks for age 14 with LD. Changes to Behaviour policies, parents reporting that school were more welcoming. School staff said they felt more confident and supported in dealing with children with SEND and their families.</li><li>•Data is being collected for the whole school year and is expected to show a reduction in school absences and exclusions.</li><li>•Roll out to whole area being considered.</li></ul>

# Stockton - coproduced NDD pathway

Redesign of the NDD pathway to focus on “need not diagnosis” empowers families, reduces pressures on services and cuts waiting lists. [Spring 2020]

## National Context

- Families report that access to services for children with autistic and NDD traits is difficult
- Long waiting times for assessment and treatment - often in excess of 2 years
- Children are offered binary solutions and diagnosis (you are either autistic or not)
- Children are not seen holistically (e.g. you can either have autism or mental health issues, not both) and in a family context
- Few examples of the multi-disciplinary approach as required by the SEND reforms

## Local issue

- Wait list for the CAMHS NDD pathway was very long, families waiting in excess of 18 months from time of initial consultation to be seen.
- Without diagnosis, families often could not access services and therapies that would positively impact them (SALT, OT, Educational settings that require diagnosis to attend)
- Children and families reaching crisis point before any help could be given.

## Solution

- Deal with the need not the diagnosis.
- It was recognised as part of work carried out by the PCF alongside the CCG & NHS that the problems may be alleviated by early intervention.
- The Sunflower Sensory service was set up led by the NHS Paediatric OT service, the scheme exists to enable parents by teaching them strategies to help support their children with sensory integration difficulties.
- There are three sessions parent/carers should attend & they can be supported by a TA/keyworker to ensure a consistent approach between home & educational setting.
- This is available to children aged 4-11 attending a mainstream setting.

## Impact

- Families feel empowered with skills to support their child whilst waiting to be seen.
- Burden on the CAHMS service has reduced, some families have been able to leave the waitlist as the strategies have enabled to deal with behaviours without further intervention.
- Some families have instead been transferred onto other pathways as the work carried out by the service has led to discovery of other causes for behaviours.
- In combination with the new Families support service the time waiting for the CAHMS NDD service has decreased.
- From June to Oct 2019, 234 professionals received training (including 125 school staff)
- 110 parents had attended.
- This is now a rolling programme.

# Somerset - unified “SPOT” service

Multiple services brought together to form a new more cohesive sensory, physical occupational therapy service that improved family satisfaction. [Spring 2020]

## National Context

- We do not believe that there is enough money in the SEND system.
- Moreover, the money that is in the system is not being spent effectively.
- In a December 2018 NNPCF survey on 33% of parent carer forums thought that their local area had a good or excellent understanding of the needs of the local SEND population across education, health and social care.
- Only 12% of PCFs thought that the distribution of funding was good or excellent in meeting local needs.
- This is mirrored by the findings of the local area inspection reports which consistently raise joint commissioning as a key issue.

## Local issue

- PIMS was the physical impairment medical service, it drew teams together but they worked in silos, often families would have multiple visits.
- PIMS had not been reviewed for over 20 years. It was for the most complex of children that needed eye gaze equipment to use IT tools.
- The local authority looked at the service internally and felt that they could meet the needs of more children if it restructured the service
- This was leaked - without full information, parents were not happy and a campaigning group was formed to oppose the mooted changes.

## Solution

- The PCF spoke to the LA about the implications and were given the full facts of the proposal.
- The PCF researched other areas that had made similar changes to their services.
- Working together, the PCF and the local authority came up with three options one of which was to make no changes to the service.
- A report including case studies was drawn up with families. They felt their voices were heard. After a year of consultations and working groups SPOT was formed based on public vote.

## Impact

- When parents were given the choice they didn't want the status quo.
- They wanted cohesive service, as children will often need multiple services. SPOT (sensory physical occupational therapy) was developed and rolled out.
- It's one service that meets the needs of families. Families are now happier with the service that is being delivered to more children and young people than ever before.

# Bexley - training for EHCP quality assurance

Developing a Quality Assurance process involving all stakeholders has gradually improved the overall quality of Plans and gained the buy in of all stakeholders including parent/carers. [Spring 2020]

National Context	Local issue	Solution	Impact
<ul style="list-style-type: none"><li>• Knowledge of the SEND regulations and code of practice is poor across critical elements of the system.</li><li>• Parent Carer Forums report frequent examples of unlawful practice such as part time timetables</li><li>• Health and social care input into EHCPs are still often identified as a weakness</li><li>• Local area inspections support this</li><li>• There is a need for joined up training and development across the system to raise awareness of what is required and improve quality</li></ul>	<ul style="list-style-type: none"><li>• Bexley wanted to improve the consistency and quality of their EHCPs</li><li>• Lack of consistency amongst the agencies</li><li>• SEN team at the sharp end having to deal with advice and contributions which were not necessarily meeting the standard required</li><li>• Wanted the buy in of all stakeholders including parents/carers</li></ul>	<ul style="list-style-type: none"><li>• Set up a Quality Assurance Process for EHCPs to be “audited”</li><li>• Includes all stakeholders, as well as parent/carers from Bexley Parent Carer Forum</li><li>• All stakeholder “auditors” were trained in terms of what a good Plan should look like including the legal requirements</li><li>• In February 2020, there were around 30 trained auditors, and auditing a Plan is taking c. 2 hours (from a few hours initially)</li></ul>	<ul style="list-style-type: none"><li>• The overall quality of new Plans is slowly improving</li><li>• As auditors are getting more experienced, it’s quicker to audit</li><li>• Feedback provided is going back into the system to improve the process and content</li><li>• All stakeholders have a greater understanding of the role of others in the process and what is required, including parents</li><li>• Bexley Voice are encouraged by the efforts of the LA to improve the quality of EHCPs and that they are able to be part of the Audit Process</li><li>• The aim is to use the process as a continuing learning cycle with improved outcomes as a result</li></ul>

# Lifelong outcomes - a personal story

Listening and coproducing with a family to transform outcomes for one young person who now has a future when before he had none. [Spring 2020]

National Context	Local issue	Solution	Impact
<ul style="list-style-type: none"><li>•Families describe their young people approaching school leaving age as “the cliff edge”.</li><li>•Upon leaving school, the offer from many local areas is not clear. Families are unable to see how the services and provision available will deliver the best possible outcomes for their young people.</li><li>•Families report that frequently that there is no or inadequate provision on offer for the other days.</li><li>•The needs, choices and preferences of young people are not understood leading to services that are not suitable and quickly break down</li></ul>	<ul style="list-style-type: none"><li>•Lack of dedicated transition staff - not person centred.</li><li>•Escalation of severe and challenging behaviour in school setting and no learning taking place.</li><li>•No opportunities to access any taster options due to risk - 3 adults to one.</li><li>•Left school 2 years before he could have. In final year 847 reported incidents of severe and challenging behaviour</li><li>•Only options were in the form of residential locked &amp; medicated settings, all away from home.</li><li>•No future.</li></ul>	<ul style="list-style-type: none"><li>•Acknowledgement that the school setting was a catalyst for SCB. Therefore, moved from school into adult services with a key worker.</li><li>•Qualified for Personal Health Budget.</li><li>•Focus on motivators to reduce anxiety and engage at a person centred level.</li><li>•Over time and as anxiety reduced there became more opportunities to engage with community in areas that he enjoyed (Farm work, working with animals, horticulture)</li><li>•Over time, less time at home more time in the community until all 5 days were covered.</li><li>•Supported by dedicated team that he knew well.</li></ul>	<ul style="list-style-type: none"><li>•Jacob embraced his new (less anxious) life.</li><li>•Enabled many independent skill opportunities (making own lunch and packing his bag). Learnt to read &amp; write.</li><li>•Enabled more experiences working with other people and peers.</li><li>•Continues to learn new skills and being praised for his hard work.</li><li>•Now number of incidents reported of challenging behaviour are in the past year (4).</li><li>•Starting his own social enterprise (Jacob's Forest Farm).</li></ul>