Bristol, North Somerset & South Glos Parent Carer Forums



Bristol, North Somerset and South Gloucestershire Integrated Care Board



## Neurodiversity Transformation Discovery Conference

Outputs from 23<sup>rd</sup> November 2023





## Thank you to everyone who took part in this Neurodiversity Transformation Discovery Conference.

We conducted and captured several brief interviews with delegates during the event. You can watch these by clicking <u>'here'</u>





## **Conference objectives & activities**

Understanding early Identification of needs

- Table activity to answer thefollowing
- 1. What ages are we first seeing needs
  - 2. How do early needs present
  - 3. Do we know the impact of unmet need
    - 4. What's the impact on CYP / families when needs are across multiple conditions/ pathways

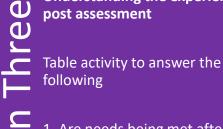
O Understanding the increase of referrals

- Online Menti activity to answerthe following
- O 1. What do you think is the root cause of the increase in referrals

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- cause of the increase in referrals?
  2. What are the benefits of a
  - diagnosis?

3. What are barriers CYP/families face when navigating the referral pathway?



1. Are needs being met after assessments, if not which ones and why?

Understanding the experience

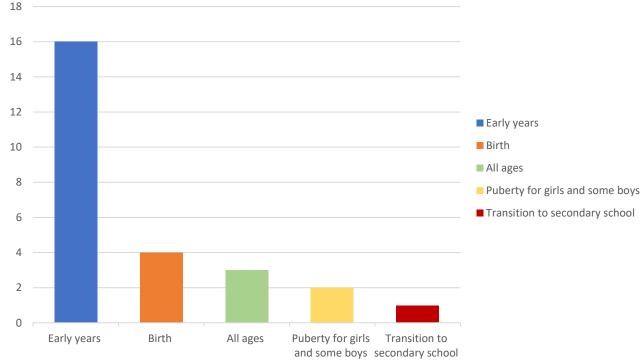
- 2. How is support accessed
- 3. What works well and what doesn't work well
  - 4. What needs to change to make the most impact

What else do we need to consider/ know to respond to the problem statement? Carpark activity from throughout the conference. Prioritising identified further insights and engagement required to respond to the Problem statement





### Question 1. What ages are we first seeing needs



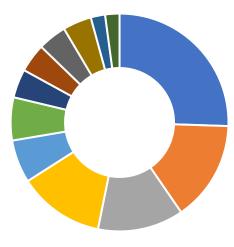
What ages are we first seeing needs	Percentage
Early years	62%
Birth	15%
All ages	12%
Puberty for girls and some boys	8%
Transition to secondary school	4%





### Question 2. How do early needs present?

#### Behaviours & coping methods





#### Emotional



#### Emotional distress

Communication

- Anxiety
- Emotional dysregulation
- Crying (and difficulty settling in EY)
- Frustration
- Meltdowns
- Vulnerability

- Social interaction differences and difficulties
- Echolalia
- Expressiveness
- Difficulties with concentration
- Hearing difficulties
- Inability to communicate own needs

Development

 Struggling to show/share emotions

#### Relationships



- Withdrawal and lack of interaction and engagement (with peers. family and at acteal)
- school)
   Attachment needs and separation anxiety
- Difficulties with relationships (including peers)
- Difficulty turn taking
- Delayed speech/ speech difficulties
- Delayed development/ milestones and resisting against milestones
   Playing differently
- Lack of awareness of danger
- Motor skills

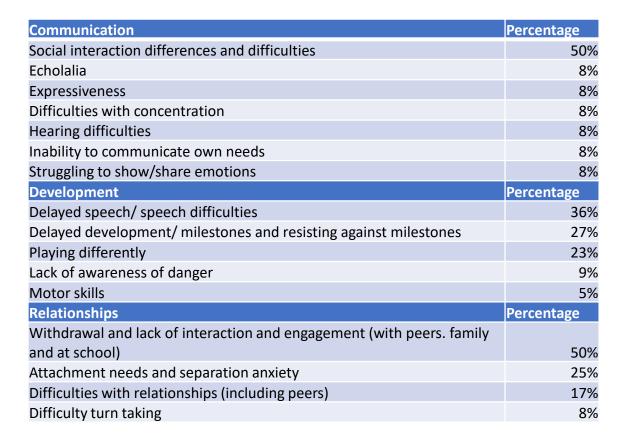


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### 2. How do early needs present

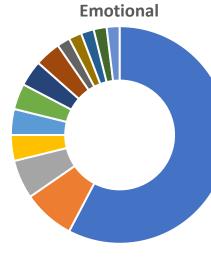
Behaviours & coping methods	Percentage
Challenging behaviours/ rule breaking	26%
Restricted diet	15%
Masking & coke bottle effect	13%
School refusal/ Non-attendance	13%
Poor sleep	6%
Unusual behaviours and quirkiness	6%
Biting and throwing	4%
Compliant behaviour	4%
Rigid thinking	4%
Toilet issues and smearing	4%
Attention levels	2%
Girls + autism – eating disorders (anorexia)	2%
Emotional	Percentage
Emotional distress	29%
Anxiety	24%
Emotional dysregulation	18%
Crying (and difficulty settling in EY)	12%
Frustration	6%
Meltdowns	6%
Authena ability	6%







### 3. Do we know the impact of unmet need



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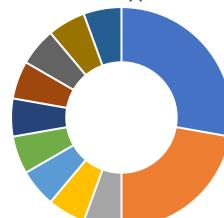
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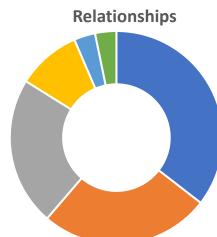
for SEND families

 Mental health and wellbeing of CYP and family (including anxiety)
 Trauma and suicidal ideation
 Frustration

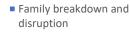
- Vulnerability
- Low self-esteem
- Blame and guilt
- Risk taking behaviours
- Masking both boys and girls
- Suicidality 9x higher than general population
- Dysregulation
- School staff wellbeing
- Practitioner mental health

#### Internalising Support





- Struggle to meet criteria for additional support/help
  Stigma
- Misunderstanding between
- those around the CYP Lack of trust in the system
- Service demands
- Wider impact on society
- Having to fail before being supported
- Families in crisis
- Initiates an EHCP request too early
- Disengagement with services
- Increase in need



- Loneliness, social isolation
- Parents leaving jobs to care - reduced income
- Violence/aggression/co nflict within the home
- Affects attachments
- Difficulties with friendships, bullying

#### Development



### Education

- School refusal/ Non-attendance
- Unable to fully engage with education and falling behind
- School: expulsion, exclusion
- School labelling as 'naughty'
- Breakdown in relationship with school
- Difficulties understanding reasonable adjustments
- Escalation of SEND needs
- TA Recruitment
- Individuals do not realise their potential
- Communication and social skills
- Impacts sense of identity
- Escalation in needs during the wait
- Regression
- Mortality 16 years younger than general population
- Physical health impact
- Bristol, North Somerset and South Gloucestershire

### 3. Do we know the impact of unmet need

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for SEND families

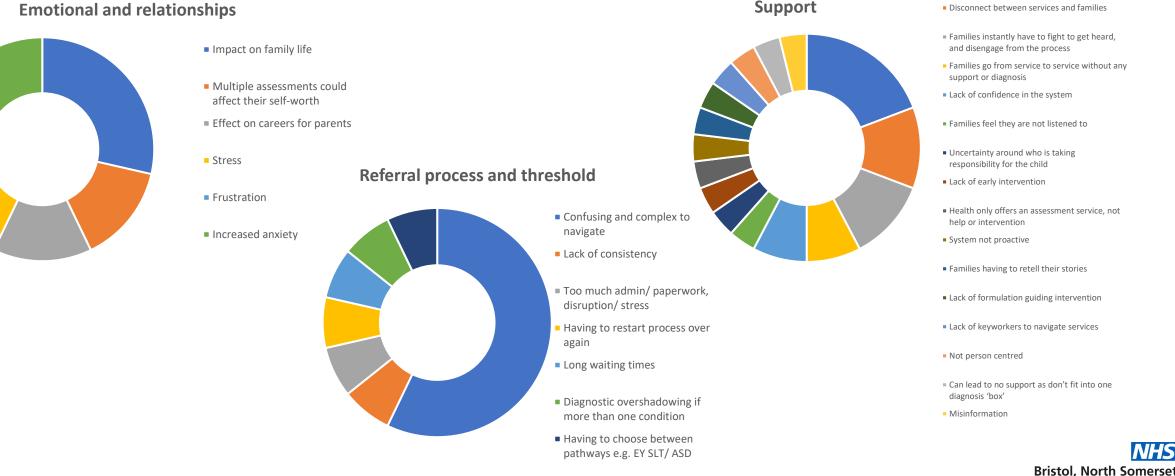
D	evelopment:	Percentage
	ndividuals do not realise their potential	18%
Co	ommunication and social skills	18%
In	npacts sense of identity	18%
Es	scalation in needs during the wait	18%
Re	egression	9%
M	1ortality – 16 years younger than general population	9%
Pl	hysical health impact	9%
Ec	ducation:	Percentage
Sc	chool refusal/ Non-attendance	26%
U	nable to fully engage with education and falling behind	22%
Sc	chool: expulsion, exclusion	22%
Sc	chool labelling as 'naughty'	9%
Ві	reakdown in relationship with school	9%
D	ifficulties understanding reasonable adjustments	4%
Es	scalation of SEND needs	4%
TA	A Recruitment	4%
R	elationships:	Percentage
Fa	amily breakdown and disruption	35%
Lc	oneliness, social isolation	26%
Pa	arents leaving jobs to care - reduced income	23%
Bristol, North Somerset & South Glos Vi	iolence/aggression/conflict within the home	10%
	ffects attachments	3%
Di	ifficulties with friendships, bullying	3%

Emotional:	Percentage
Mental health and wellbeing of CYP and family (including	
anxiety)	58%
Trauma and suicidal ideation	8%
Frustration	6%
Vulnerability	4%
Low self-esteem	4%
Blame and guilt	4%
Risk taking behaviours	4%
Masking - both boys and girls	4%
Suicidality 9x higher than general population	2%
Dysregulation	2%
School staff wellbeing	2%
Practitioner mental health	2%
Internalising	2%
Support:	Percentage
Struggle to meet criteria for additional support/help	28%
Stigma	22%
Misunderstanding between those around the CYP	6%
Lack of trust in the system	6%
Service demands	6%
Wider impact on society	6%
Having to fail before being supported	6%
Families in crisis	6%
Initiates an EHCP request too early	6%
Disengagement with services	6%
Increase in need	6%

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### 4. What's the impact on CYP / families when needs are across multiple conditions/ pathways

Emotional and relationships:	Percentage
Impact on family life	29%
Multiple assessments could affect their self-worth	14%
Effect on careers for parents	14%
Stress	14%
Frustration	14%
Increased anxiety	14%
Referral process and threshold	Percentage
Confusing and complex to navigate	57%
Lack of consistency	7%
Lack of consistency Too much admin/ paperwork, disruption/ stress	7% 7%
Too much admin/ paperwork, disruption/ stress	7% 7%
Too much admin/ paperwork, disruption/ stress Having to restart process over again	7%

Support:	Percentage
Barriers between services	19%
Disconnect between services and families	12%
Families instantly have to fight to get heard, and disengage from the	
process	12%
Families go from service to service without any support or diagnosis	8%
Lack of confidence in the system	8%
Families feel they are not listened to	4%
Uncertainty around who is taking responsibility for the child	4%
Lack of early intervention	4%
Health only offers an assessment service, not help or intervention	4%
System not proactive	4%
Families having to retell their stories	4%
Lack of formulation guiding intervention	4%
Lack of keyworkers to navigate services	4%
Not person centred	4%
Can lead to no support as don't fit into one diagnosis 'box'	4%
Misinformation	4%



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# Session Two - Understanding the increase in referrals

### 1. What do you think is the root cause of the increase in referrals?



Bristol, North Someret & Scuth Olds Perret Carer Forums Number of mentions

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Percentage

92

47

46

31

25

17

17

15

12

12

6

4

3

2

329

28%

14%

14%

9%

8%

5%

5%

5%

4%

4% 2%

1%

1%

1%

What do you think is the root cause of the increase in referrals?

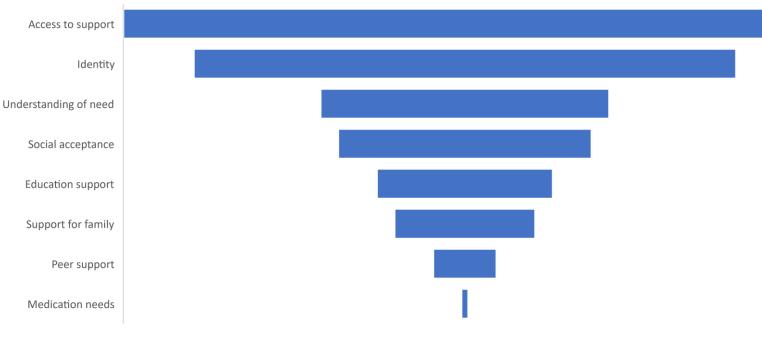
pressure for cyp isolation lack of capacity cost of living benefits **GWGreness** increase needs support social media identity covid escalation of need unmet need impact on family





## **Session Two - Understanding the increase in referrals**

### 2. What are the benefits of a diagnosis?



Theme	Number of mentions	Percentage
Access to support	97	32%
Identity	77	25%
Understanding of need	41	13%
Social acceptance	36	12%
Education support	25	8%
Support for family	20	7%
Peer support	9	3%
Medication needs	1	0%
Total	306	

Number of mentions

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## What are the benefits of a diagnosis?

## education support

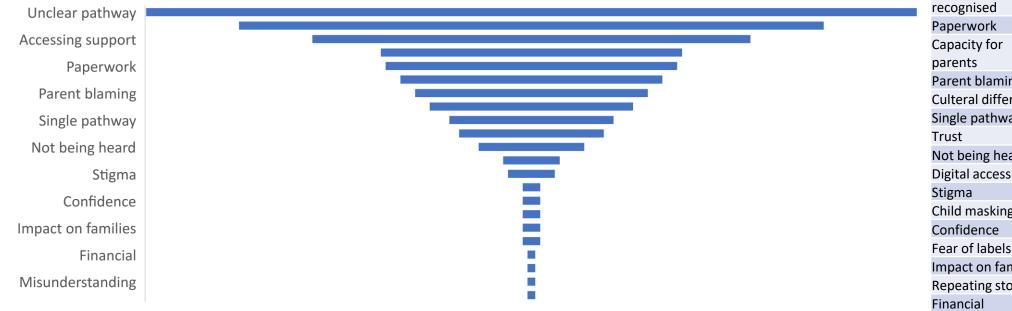
## medication needs identity peer support access to support understanding of need social acceptance support for family





# Session Two - Understanding the increase in referrals

### 3. What are barriers CYP/families face when navigating the referral pathway?



Number of mentions



Number

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What are barriers CYP/families face when navigating the referral pathway?

cultural differences travel and cost capacity for parents single pathway repeating stories paperwork stigma fear of labels waiting time child masking financial unclear pathway confidence digital access accessing support not being heard trust needs not recognised parent blaming impact on families misunderstanding holistic not the default



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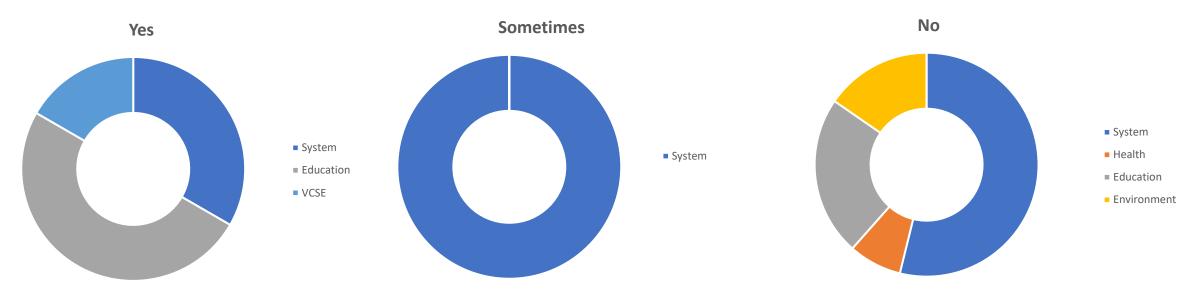


# Session Three - Understanding the experience post assessment

### 1. Are needs being met after assessments, if not which ones and why?

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	System	Health	Education	Environment	VCSE
Yes	2	0	3	0	1
No	7	1	3	2	0
Sometimes	3	0	0	0	0

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### **Question 2. How is support accessed?**

Education route How is support accessed? Education route Parent carer self-referral route Health route VCSE route Other Parent carer sel-referral route **Education route** Other 41%



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Percentage

41%

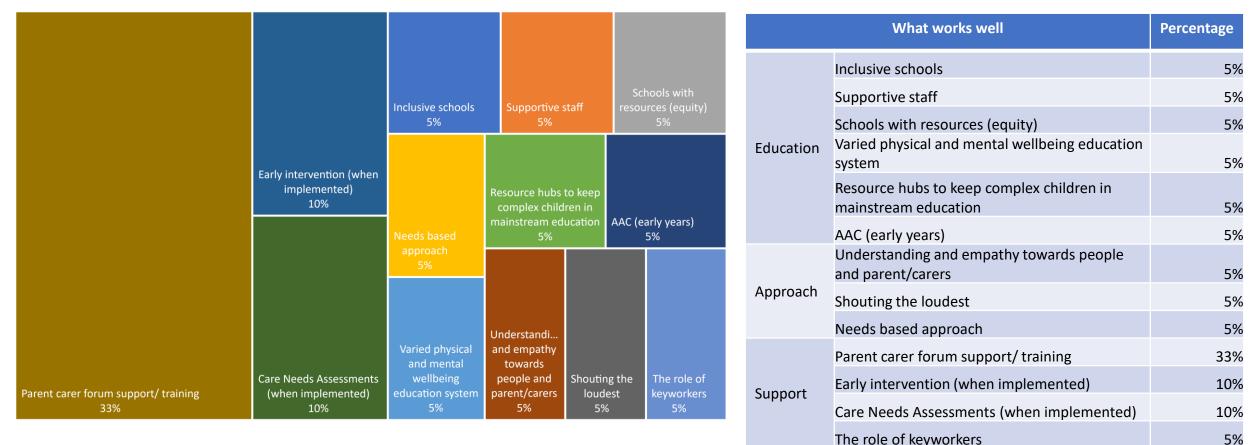
29%

6%

12%

12%

### **Question 3. What works well?**



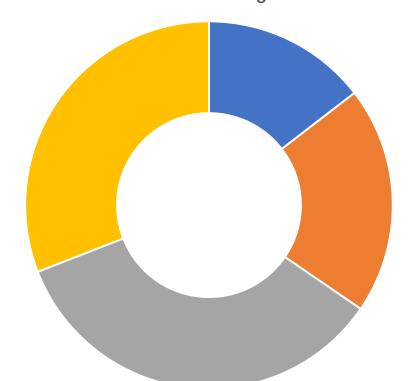
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# Session Three – Understanding the experience of post assessment

4. What needs to change to make the most impact?



Area of change needed

Education

- Support
- Approach
- Resources

Area of change needed	Percentage
Education	15%
Support	20%
Approach	35%
Resources	31%

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# Session Three – Understanding the experience of post assessment

4. What needs to change to make the most impact?





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# Session Three – Understanding the experience of post assessment

### 4. What needs to change to make the most impact?

Education	Percentage	
More inclusive teaching system		4%
Overhaul of SEN system process - proper inclusion		4%
More flexibility and creativity in teaching		2%
Increase specialist and personalised approaches in every school		5%
Approach	Percentage	
Remove language barriers		2%
Understanding need through sensory processing assessment and SALT assessment		2%
Diagnosis should include needs assessment		2%
Joined up and creative thinking from services		7%
Clear pre and post assessment pathways with clear ownership		7%
Whole family approach		4%
Proactive, needs-led services		4%
Better communication and expectation management		4%
Realisation that assessment is only part of the journey		2%
Less parent blaming		2%

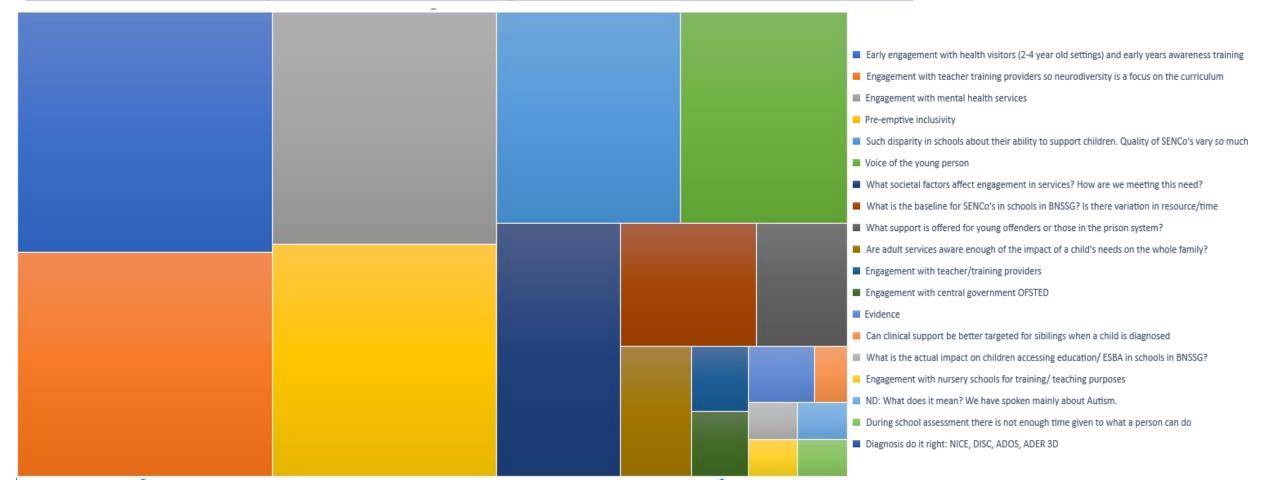
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Support	Percentage
More availability of support	9%
Improve parenting courses	2%
Signposting when you get an assessment	2%
Community Paeds (ADHD) to have ability to offer package	2%
Access to therapies	2%
Meeting needs of all CYP - not all needs require professional support	2%
Support of staff	
	2%
Resources	Percentage
Staff training/ retention	7%
Funding	13%
Equity across geographical areas	5%
OT for sensory needs	2%
Resource - not just money - for universal services	2%
Developing LSA's as areas of specialism	2%

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### Session Four - What else do we need to consider/ know to respond to the problem statement?



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## Session Four - What else do we need to consider/ know to respond to the problem statement?

Further information areas identified	No. of votes
Early engagement with health visitors (2-4 year old settings) and early years awareness training	33
Engagement with teacher training providers so neurodiversity is a focus on the curriculum	31
Engagement with mental health services	28
Pre-emptive inclusivity	28
Such disparity in schools about their ability to support children. Quality of SENCo's vary so much	21
Voice of the young person	19
What societal factors affect engagement in services? How are we meeting this need?	17
What is the baseline for SENCo's in schools in BNSSG? Is there variation in resource/time	9
What support is offered for young offenders or those in the prison system?	6
Are adult services aware enough of the impact of a child's needs on the whole family?	5
Engagement with teacher/training providers	2
Engagement with central government OFSTED including:	
OFSTED Framework	
· National Curriculum	2
- SEND Green and White paper	
- Teacher training	
Evidence	2
Can clinical support be better targeted for siblings when a child is diagnosed	1
What is the actual impact on children accessing education/ ESBA in schools in BNSSG?	1
Engagement with nursery schools for training/ teaching purposes	1
ND: What does it mean? We have spoken mainly about Autism.	1
During school assessment there is not enough time given to what a person can do	1
Diagnosis do it right: NICE, DISC, ADOS, ADER 3D	0

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