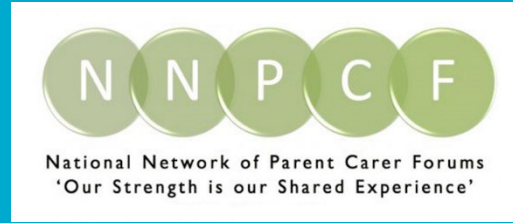


Partnerships for Inclusion of Neurodiversity in Schools (PINS) and trauma informed practice training

Sue North and Mary Busk, NHS England

Planning partners:

Sponsors:



Partnerships for Inclusion of Neurodiversity in Schools (PINS)

Sue North, NHS England



Overview of PINS

- ❑ This project represents an **innovative** formal partnership between the Department for Education, Department for Health and Social Care, and NHS England to enable Integrated Care Board (ICBs) to access funding directly to develop **innovative** ways to support the needs of neurodiverse children and families within schools.
- ❑ Funding secured through Shared Outcomes Fund - The Shared Outcomes Fund is a government fund testing innovative ways of working across the public sector with an emphasis on thorough evaluation.
- ❑ Testing a **unique** approach, this project will draw on specialist knowledge and skills from across their local areas to deliver **whole school** approaches that support the needs of neurodiverse children.
- ❑ There is a national project delivery team who will support Integrated Care Boards to deliver the requirements of this project.
- ❑ The project is time-limited until March 2025 and will be evaluated to help inform future policy and any resourcing recommendations for early intervention programmes.
- ❑ Funding will be made available to Integrated Care Boards directly through a Memorandum of Understanding with the Department for Education via NHS England.

Learning from Autism in Schools – making a difference for children and young people....

"What a difference local authority, Education and Health can make together if they work with parents." (Parent Carer Forum Member)

"I think for us, having that staff development has been amazing... actually teachers coming back and saying, "That I found really useful," or, "I've actually implemented that now into my classroom and now I have more awareness of this child and how to support." ... the special needs schools are oversubscribed so as mainstream schools, we are seeing a lot more children with social communication needs and being trained and equipped into supporting those children, it just makes the teachers feel empowered" (Teacher & Inclusion Manager)

"a fresh pair of eyes, an expert pointing the simple things out in some cases, really simple things that staff can do, easy changes that can be made that might just make life a little bit easier for some of these children" (SENCO)

"I have felt a lot happier"(Child)

"more confident" (Child)

"I want to come [to school]"(Child)

"the most valuable thing is having that collaborative approach. So, it is the specialist me from a specialist background, but working with [the local authority outreach team] as well, and having that collaborative approach, and using our combined specialist knowledge, skills, and understanding to upskill the staff in the mainstream settings because we're stronger together" (Staff Trainer/Specialist Teacher)

What is important to us



Strengthened partnership approaches between local authority, ICBs, parent carers and schools



Better understanding of the experiences of neurodiverse children at school and how to improve them



Co-produce joint plans of work to deliver an offer that is beneficial to schools, parents and children



Support some of the challenges in terms of identification and assessment



Fully consider and incorporate our enablers into any future workplan: workforce, research, data



Review and enable evidence base about whether the things we are doing are making a difference

What is our data telling us



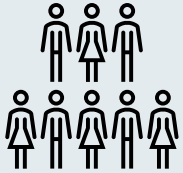
Increasing number of children being excluded or not in school



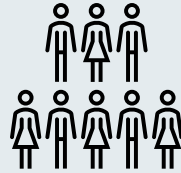
Increasing demand for Education, Health and Care Assessments and Plans



Demand on services increasing – CYPMHS, Autism, Neurodevelopmental diagnosis



99% of teachers who worked with pupils with SEND reported they could use further support (of some kind) for learners with SEND



Increasing number of children and young people receiving diagnosis of neurodevelopmental conditions



Increasing need to support children and families



Current challenges

- The 1.5 million children and young people with SEND face considerably poorer outcomes across attainment, attendance, employment prospectives and mental health.
- These inequalities have been compounded by the effect of the pandemic, particularly on the social, emotional and communication development of our youngest children many of whom have now started school.
- Significant capacity challenges to the specialist workforce- e.g. over 36,000 children wait over 12 weeks to see a SaLT.
- Request for EHC assessments have increased, resulting in long waiting times for assessment and delays in children and young people accessing the support they need.
- High needs budget pressures and substantial LA deficits are impacting on areas' ability to provide early intervention and support children below the statutory tier.
- 97% of teachers report experiencing barriers of some kind in respect to providing effective support for pupils with SEND.
- 99% of teachers who worked with pupils with SEND reported they could use further support (of some kind) for learners with SEND.



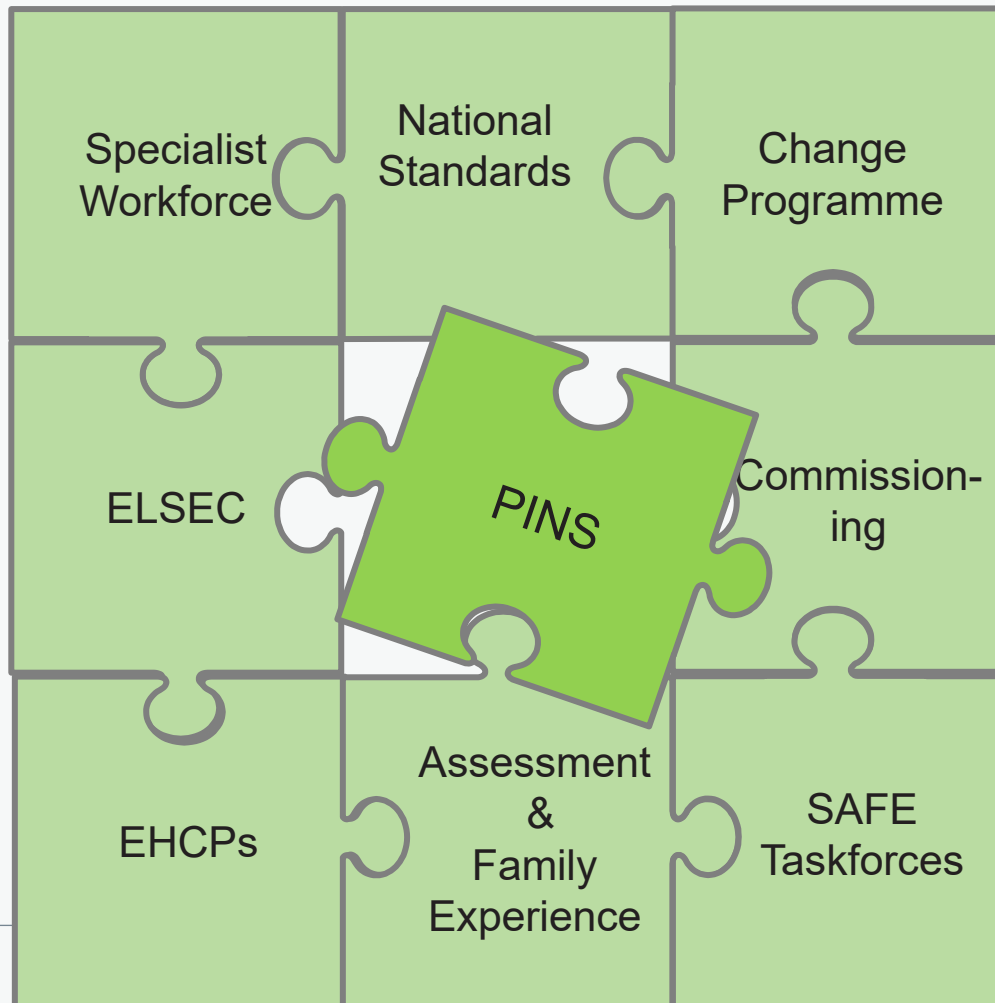
PINS – How this fits into wider priorities

DfE & DHSC SEND & Alternative Provision Improvement Plan

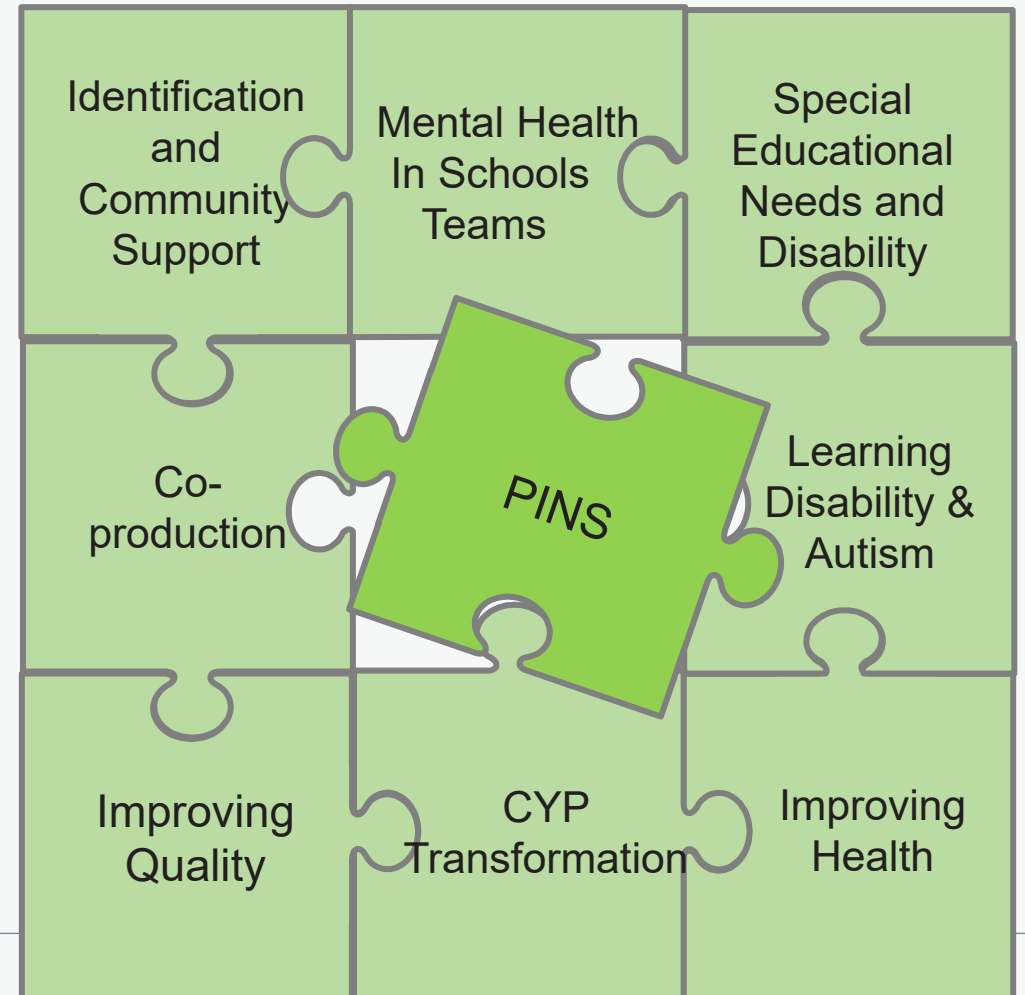
- Our ambition is to create a more inclusive mainstream education system that celebrates and enables success
- Our mission is for all those working across education, health and care to work with local and central government to:
 - **fulfil children's potential**, so that they can enjoy their childhood and achieve good outcomes
 - **build parents' trust**, so that families find it easier to access support
 - **provide financial sustainability**, so that local systems deploy their resources effectively such that spending shifts towards early intervention
- PINS is part of our wider ambition to **build capacity in mainstream education** so all those working with children and young people with SEND have the knowledge and skills to do so.
- Alongside the Change Programme, PINS is part of a suite of reforms aiming to improve **early identification and support** for children and young people with speech, language and communication needs, ensuring that their needs are identified earlier and appropriate support (whether this is universal, targeted or specialist) is put in place at an early stage.

PINS – How this fits into wider priorities

DfE & DHSC SEND & AP Improvement Plan



Long Term Plan 'Right Support, Right Place, Right Time'





What are we aiming to do?

Based on the models used in Autism in Schools, we are asking ICBs to lead a partnership with local authorities and parent carer forums. Funding will be available for a small project team in each local area.

Consider in the local area, expertise that can support schools using a whole school approach to:

- Strengthening partnerships between parents and schools
- Develop schools' confidence and expertise in supporting neurodiversity within their classrooms
- Improve the school environment to address low level needs and allow neurodiverse children to successfully engage in learning
- Develop an inclusive culture that improves the efficacy of other interventions.

Key timings: rationale

- The indicative timeline for ICBs, LAs and schools has been established to support a roll out of the five days of intervention (in sessions/hours) from September 2024
- Timings take into account school holidays and particularly busy periods such as exam season
- Schools do not have to start their sessions in September, but many may choose to
- With this in mind, all school-based planning should be in place and dates for the 2024/25 academic year should be scheduled by the end of Summer 1 (end of May 2024)
- Some of the processes will run concurrently eg. not all schools need to have completed their self-assessment tool before project teams start working in schools to develop plans for school delivery of interventions
- We encourage ICBs to start their commissioning processes for specialist staff early on in the project and not wait for all menu selections to take place before doing so

Funding

- Funding for the scheme is provided by DfE and will be transferred to NHS England via DHSC as addition to the NHS Mandate
- Participating Integrated Care Boards will sign a three-way Memorandum of Understanding with DfE and NHS England
- NHS England will allocate funding to ICBs in same way as Strategic Delivery Fund schemes.
- Clawback of funding in the event of non-delivery will be included in the terms of the MoU.
- Financial Reporting and monitoring will take place via ICB Non-ISFE returns with an additional line for the scheme added to the SDF section of the Mental Health page.
- Note this is similar to schemes operated by DWP with funding distributed via ICB allocations and monitored via Non-ISFE.
- Expectation that funding includes the elements for parent carer forum input and support strategically and operationally.



The Support Offer

- There is a small delivery team in NHS England who will be able to provide support to systems in developing the offer.
- There will be supporting information available to provide clarity and support through different stages of the work
- Development of a Community of Practice to enable sharing of learning and challenges throughout the process
- NNPCF and Contact working to support the parent carer forum element of work
- Monitoring of progress will be through monthly telephone conversations between ICBs and NHSE delivery team and a quarterly monitoring report to the wider project team
- The partnership nationally is across DfE, DHSC and NHSE and NNPCF, so the three Departments and NNPCF can support you in engaging with different system partners if helpful.



England

Family Trauma

Presented by:
Mary Busk Senior Family Carer Advisor, CYP Team

History of this work

Aware of the need for a more trauma informed approach for children and adults in mental health settings, taking account of their journey and life experiences

Reinforced by Baroness Hollins' Final Report (8 November 2023)

“trauma is usually at the root of the exclusions that eventually lead to hospital admission, and for too many people, to solitary confinement. Trauma-informed environments are essential but responding early to adverse childhood experiences to pre-empt a lifetime of repeated exclusions is humane and cost effective.”

In talking to families and groups working with families, it also became clear that many parent carers and family carers are also traumatised by experiences of trying to access services

Some parents may have a formal diagnosis of Post Traumatic Stress Disorder. Others do not.

History of this work

We wanted family trauma to be better recognised and understood.

In 2019 we commissioned work to help understand this better, in terms of

- available research evidence
- what worked for professionals working with families in this space
- what would make a difference for families
- **As a result**
 - A research article was published by the Tizard Centre, University of Kent
 - A coproduced training course was developed for commissioners and others working with families to raise awareness of family trauma and how to prevent it
 - Training has been delivered through NHS England regions for 3 years

Links to other work

We know from **Ask Listen Do** (<https://www.england.nhs.uk/learning-disabilities/about/ask-listen-do/>) and the resources we coproduced that:

- the systems that families find themselves in are many and complex.
- services are not always good at listening and families have to fight for help and to be heard.
- families can be seen and labelled as ‘angry’ or ‘difficult and troublesome’ as a result. They can also be scared to raise concerns and speak up.

NHS England has commissioned the **HOPE(S)** model. It is an ambitious human rights-based approach to working with people in long term segregation developed from research and clinical practice.

Keyworkers have been commissioned in every ICB area to work with children and young people at risk of admission to or in an inpatient mental health hospital (and their families). Their training has been developed to understand the family journey. Many have undertaken family trauma training.

Delivering the training programme

This training programme delivered in 2022/23 was a continuation of this original training and aimed to:

- provide training to professionals and commissioners on Family Trauma experienced by families across all the 7 regions of England
- increase awareness across the system on trauma and how it effects the person, family, and system
- increase recognition on the impact of Family Trauma on how to support the person, family, and system.

Some regions opted to open the opportunity to a mixed audience – inviting representatives from health and social care, including front line staff, commissioners, family representatives and clinicians.

Most regions chose to focus on the key worker initiative and most delegates came from these teams.

What was the result of the evaluation?

The content of the course was overwhelmingly positively received with feedback highlighting that it was useful, enjoyable and has helped develop knowledge:

- 90% of attendees enjoyed the course
- 93% of attendees agreed or strongly agreed with "I have a better understanding of how trauma can impact family members of an autistic person or a person with a learning disability"
- 96% of attendees agreed or strongly agreed with "I have developed my understanding of what trauma is and why it happens".

Next steps

Working with NHS England regional mental health and learning disability and autism leads, training will be recommissioned in 2024/25 to continue the conversation about understanding family trauma

- Supporting staff to understand vicarious trauma by recognising and acknowledging its presence
- Supporting staff to process and deal with vicarious trauma with systems and cultures that offer practical support
- Rolling out the programme to a much broader audience

We can commission one session per region to include a specific focus on multidisciplinary teams working with children and adults with disabilities across the Integrated Care System

We can ask for NNPCF regional representatives [and a parent carer forum representative] to be invited too