1. EXECUTIVE SUMMARY

In January 2018, the local area of Sutton was inspected by Ofsted (Office for Standards in Education, Children’s services and Skills), and the CQC (Care Quality Commission). An area of weakness identified, stated that a lack of coherence and joint working between local area leaders, agencies and schools, which is resulting in poor communication, inconsistent opportunities for social inclusion and a high number of exclusions, especially at primary level.

Paving The Way (PTW) developed as part of Sutton’s commitment to improve consistency of opportunities for social inclusion and reduce the number of exclusions, particularly in the primary sector.

To date, information shows that there has been a reduction in fixed term exclusion (FTE) across the Primary sector in Sutton. Comparing DfE published data from 2016/17 to current Cognus FTE data for 2018/19 we can see a 22.7% decrease in the number of FTE issued. Whilst there will be a number of influencing elements for this achievement we can evidence that PTW is a contributing factor.

Using a data sample of children that PTW has supported between September 2018 and December 2018, we identified 7 young people that were previously known, either as a result of a referral to Primary Vulnerable Pupil Panel and/or have received a FTE of 5 days or more. Since engaging with PTW, 5 of the children identified have not received further FTE of 5 days or more and their situation has not escalated to the point of exclusion.

Over the coming months PTW will be developing the sophistication of their data gathering and reporting to enable us to report in greater detail the impact of the interventions on exclusions.

Impact data is also indicative of positive change. Children supported through the programme are demonstrating progress in all areas on the ‘Journey of Change’ (Appendix C). Significant differences can be seen in the areas of school and learning (67%), relationships/friends (87%) and feelings and emotions (67%). In practice this means children are more engaged within the class demonstrating ‘ready to learn’ behaviours, they engage more in discussion as well as interacting with their peers. Behaviours also improve, children are better able to understand their emotions and stressors and are able to use coping strategies to keep them within the classroom and learning.

The PTW Autism diagnostic pathway is also seeing positive results. 100% of families with children who went through the assessment process have said they would recommend the service. Wait times from receipt of referral are excellent, with 100% of assessments taking place within 5 weeks and 95% taking place within 4 weeks, in line with the ambition identified in the 2018 Green paper (Government Response to the Consultation on Transforming Children and Young People’s Mental Health Provision: a Green Paper and Next Steps July 2018) that identifies a key priority is to pilot a 4 week waiting time by 2022 in 20-25% of areas for children and young people to access specialist mental health services and assessment; PTW are already achieving this.

In summary, in just 10 months PTW is playing a key role in supporting inclusion in mainstream settings. The service takes a holistic approach in the help given, providing support not only to the child but also to the school and the family, ensuring that individualised strategies are in
place both at school and at home that will ensure that the child is supported in all areas of its life to achieve their full potential.
2. HISTORY

In June 2017 Sutton Parents Forum held a consultation, in conjunction with the CCG to look at existing challenges and to redesign the local neuro developmental pathway for ADHD and Autism.

In October 2017 a further workshop was held with parents, carers and professionals, to look at the problems identified in the June meeting and to design an ideal pathway for pre-diagnosis, diagnosis, post diagnosis and transition. PTW was born out of these discussions and meets many of the identified requests/changes to pathways. This is clarified in more detail in Appendix A.

As a result of the consultation and workshop PTW identified five key aims for the service:-

1) Improve access pathways to services
2) Increase available support for parents/carer’s, children and schools for identified groups
3) Increase inclusivity within settings
4) Improve understanding of diagnosis
5) Capacity building in schools
3. SERVICE OFFER

3.1 Paving The Way – Early Intervention

PTW is an integrated early intervention and identification service that provides a menu of support for children & young people, parents & carers and schools, where a child has a range of difficulties manifesting in barriers to engagement with learning, social interactions and achieving their full potential.

Difficulties may include:-

- Social communication
- Attention & concentration
- Anxiety & self-esteem issues
- Relationship issues
- Emotional regulation difficulties

3.2 Support for Children & Young People

Bespoke support for children aged 5 to 11 years that are educated in a Sutton school. Targeted support may include individualised 1:1 sessions with the child, targeted group work to develop resilience and reduce anxiety, individualised 1:1 support for parents and carers which includes home visits and strategies, as well as advice, consultation meetings with the school, information giving and signposting.

Children and young people aged 5 to 18 years who receive a new diagnosis of Autism can access an individualised 1:1 session to help them understand what Autism means for them.

3.3 Support for Parents & Carers

A range of workshops (pre and post diagnosis) can be accessed that include understanding social communication difficulties, Autism and Autism with a dual ADHD diagnosis. Individualised support may also be offered that will include signposting.

Holiday sessions for parents, carers and children engaged in the PTW early identification offer, and their siblings. Sessions focus on strengthening familial relationships and developing or embedding key skills or strategies, whilst engaged in a fun activity.

3.4 Support for Schools

Autism link person training supporting the development and enhancement of skills to support social communication difficulties.

Bespoke strategies will also be offered in relation to 1:1 work with a child.

3.5 Cognus Autism Diagnosis Pathway

Identification, this element of the service forms part of the CAMHS diagnostic pathway for Autism. Cognus provides a community diagnostic service for children and young people whose prime need is thought to be Autism. This service element is led by a Clinical Psychologist who provides a holistic assessment which includes a range of screening tool data and reports from other professionals as appropriate.

The assessment process includes:-
- Parental interviews and individual child assessment (Autism Diagnostic Observation Schedule (ADOS) is utilised)
- Data triangulation with schools and professionals
- Parent/carer outcome conversation and full report which includes recommendation's

### 3.6 Clinical Psychologist Consultation

Consultation, providing in-depth case discussion which supports the formulation of next steps, review of reports, feedback on SPA outcomes for requests to assessments, recommendation's and supervisory discussions, providing both challenge and insight to ensure robustness of case management, reporting and requests for assessments.

### 3.7 Teaching and Mentoring

Embedding skills and supporting those who are ADOS trained. Teaching staff as they observe the practice of conducting the ADOS in vivo. Teaching includes shadowing, observation, ADOS administration, coding the ADOS, formulation and analysis support. Training other professionals to gain an understanding of the needs of girls with Autism.

### 3.8 Autism Interest Group

Clinical Psychology co facilitates the Autism Interest Group which was instigated in November 2018; this group incorporates parent support groups and professionals from health, social care and education who meet termly. One of the key aims established in the first meeting is for the group to explore and enhance provision in the local area.

Clinical Psychology also co facilitates an ADOS interest group for those professionals who have or are expecting to contribute to the assessment process. This group discusses administration, report writing and the reliability and validity of the ADOS tool as part of the wider autism assessment. It is proving to be a useful continuous space for colleagues to come together for discussion and refreshing skills.

### 3.9 Provision of Information

Development and maintenance of a co-produced booklet. Signposting and providing information post diagnosis.
4 QUANTATATIVE DATA

4.1 Paving The Way Early Intervention

<table>
<thead>
<tr>
<th>Referrals Received Intervention</th>
<th>Active Referrals</th>
<th>Closed Cases</th>
<th>Waiting List</th>
</tr>
</thead>
<tbody>
<tr>
<td>194</td>
<td>105</td>
<td>73</td>
<td>16</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Understanding Diagnosis 1:1 Sessions</th>
<th>Parents Attended PTW Programme</th>
<th>Parents Attended Spectrum Rocks</th>
<th>Schools attending Autism Link Person Training</th>
</tr>
</thead>
<tbody>
<tr>
<td>18</td>
<td>13</td>
<td>20</td>
<td>36</td>
</tr>
</tbody>
</table>

Fig 1.0 Data as at 29th January 2019

- 10 weeks is the average length of each direct intervention with a child.
- 2 weeks is the average time between receiving the referral and allocating to a PTW specialist
- 4 weeks average time between allocation and initial meeting with school, parents and carers

4.2 Neurodevelopmental Data

<table>
<thead>
<tr>
<th>Number of Referrals in Total since Cognus Inception</th>
<th>Referrals Accepted overall</th>
<th>Referrals Rejected</th>
<th>Referral seen by CAHMS after acceptance</th>
<th>Assessments Conducted</th>
<th>Assessments Outstanding</th>
</tr>
</thead>
<tbody>
<tr>
<td>48</td>
<td>42</td>
<td>5</td>
<td>1</td>
<td>31</td>
<td>11</td>
</tr>
</tbody>
</table>

Fig: 2.0 Data as at 10th January 2019

As seen in above there has been a total of 47 referrals since inception. Overall 42 referrals have been accepted for assessment by clinical psychology.

- Thirty-two referrals screened since 24/9/18.
- Five assessments were rejected due to; 2 referrals needing psychiatric/ medical involvement, 2 referrals needing comprehensive (both ASD/ADHD) exploration, 1 referral being deemed ADHD rather than ASD.
- One referral was withdrawn after acceptance as it was decided by the local team for the young person to be seen by the local consultant psychiatrist.
- Thirty assessments have been conducted overall.
- Eleven referrals to be seen; 5 referrals received just before Christmas vacation 2018 began so could not book appointments, 7 referrals received within the last two weeks.
Fig 3.0 shows flow of requests for Autism assessment from 1st April 2018 to 10th January 2019

There is a general trend of increasing number of referrals.
5. OUTCOMES

5.1 Pupil Impact

Impact is measured using an Outcome STAR approach, an evidence based tool for measuring and supporting change when working directly with people. STAR is a holistic assessment that focuses on aspects of life that are going well in addition to areas of difficulty. STAR keeps the focus on outcomes and not outputs.

![STAR diagram](image)

Fig 4.0: Average difference between first and last contact across each scale
Fig 5.0: Percentage change for each scale. This table shows the average proportion of the clients included in the report whose score for a scale has increased, decreased or stayed the same.

Although relatively early days in the implementation of Outcome STAR within the PTW service we are already seeing positive results. Outcome STAR measure a journey of change for each child and young person that we support. There are five stages to the journey of change ranging from 1) Stuck through to 5) Managing Well.

PTW Early Intervention can demonstrate impact in the 8 areas of significance from children who have behaviours that present as attention and concentration and/or social communication difficulties which may be Autism or ADHD.

The data shows that to date PTW early intervention has had its greatest impact within three service areas. We have seen an 83% in the area of friendship and socialising and a 67% increase in the areas of school and learning and how you feel.

Increases within the area of friendship and socialising mean that the child has developed skills that are needed to make and keep friends and to get on with people in the wider community. In practice children are making friends their own age at school, listening and avoiding making hurtful comments, learning to use different strategies to make friends and importantly keep friends which could be having the confidence to interact in different social situations such as clubs.

Increases in the area of education show that children are developing methods to help fulfil their potential which includes coping better with the school environment, structure and routine. Cognus data shows that children are starting to take an interest in some lessons and are managing home learning better. They are also testing out their own ways to get things done and are finding what works for them.

Increases in how you feel, illustrate developments in resilience, being better able to cope when things get difficult or go wrong. In practice children are learning new strategies to help them feel better i.e. calming down and soothing activities. They are better able to communicate their
emotions and cope with anxiety. All of these developments prevent escalation in negative behaviours.

The PTW model supports home, school and the child, ensuring that a holistic approach is taken to providing support.

Along with the 121 support given to children the PTW team are also resourcing schools and parents by providing bespoke support, consultation and advice. This holistic approach ensures that wrap around support is being given to the young person and areas of challenge are being address at home and in the classroom.

Anecdotal information from James Holden, CCG Commissioner identifies that there has been a drop in the number of requests for Autism and ADHD assessments to SPA. This data has been requested from SPA via SWLSTG Information Request Portal and at the time of writing this report is yet to be provided. Whilst this needs further analysis and investigation it is possible to attribute some of the reduction to the support provided by PTW, see section 5.4 for more detail.

Schools are choosing to work with the PTW team before requesting assessment. The support provided by the PTW team targets root causes of behaviour, unpicking whether other factors are causing the presentations such as environmental factors and family history/circumstances. Addressing these root causes ensures that needs are addressed and appropriate help and support is put in place using a multi-agency approach, preventing unnecessary screenings being carried out and requests to SPA for assessment. The PTW the way team are all experienced behaviour and trauma specialists and are well placed to support families, children and schools.

Through this support the PTW team may also identify where a child may have an underlying need that may require screening and or assessing. The team will carry out detailed screeners as appropriate and if appropriate they will refer to SPA, resulting in robust and appropriate referrals being made.

OUTCOME STAR – TRANGLE DATA VALIDATION AND NEXT STEPS

The meaningfulness of achievements shown using the Outcomes Star can be judged in part by considering progress on the Journey of Change. For example, if 75% of service users who begin ‘finding school hard and not getting their work done’ progress to ‘finding ways to getting work done at school’ or ‘making reasonable progress at school’, that would seem to be a good achievement. Triangle plans to work alongside Cognus to produce an evaluation report including narrative statements such as these, alongside figures such as the percentage of service users making progress in one or more, two or more and three or more outcomes areas. We have extensive experience of producing reports that clearly demonstrate the changes that are being achieved.

Secondly, the Wilcoxon signed ranks test can be used to produce statistical significance and effect sizes for each outcome area, and effect sizes can then be assessed against established criteria for small, medium and large effects. Cognus currently have too few completed Star readings, but when they have at least 75 reviews we would be happy to conduct such tests using their data.

Outcomes Stars are developed using extensive practitioner involvement and following a standardized evidence-based approach. Full details of the development process can be found in an article published in Housing Care and Support (MacKeith, 2011). We have also
demonstrated that keyworkers are able to reliably apply the Journey of Change descriptors and would be happy to share our findings with you.

(Input form Dr Anna Good, 29th January 2019)
5.2 Value for Money

Annual London Borough of Sutton Investment: £320,000

10 months investment: £266,666

Resources:

- X4 FTE Behaviour Specialists including Clinical Nurse Specialist
- 0.5 FTE Specialist Autism Support
- Management oversight

A crude analysis of cost per beneficiary is £561

(Cost based on number of 1:1 children and parent 1:1 sessions direct work number 1:1 understanding diagnosis sessions, number of parents attending pre and post diagnosis workshops, number of school staff trained as link person)

For future analysis it will be useful to understand the comparative costs of an average exclusion both financially and in terms of impact on the child and family to reinforce the value of PTW preventative work.

Annual CCG Investment: £120,000

10 months investment: £100,000

Resources:

- 1 FTE Clinical Psychologist
- 0.6 FTE ADOS support spread across PTW Specialist, EP, Clinical Nurse Specialist, SaLT, OT
- Management oversight

Cost per beneficiary: £2380

Please note that costs are higher than expected due to a lower number of referrals to the service than was anticipated. We anticipate that we should be receiving 11-12 requests for assessment per month which would equate to a unit cost of £833 per child based on funding of £120,000.

Additionally this beneficiary cost does not take in to consideration the investment in ADOS training or account for the time attributed to leading the Autism interest group, training and mentoring and Clinical Psychology consultation.
5.3 Impact Exclusions

<table>
<thead>
<tr>
<th></th>
<th>Year 2016/17</th>
<th>Year 2017/18</th>
<th>Year 2018/19</th>
</tr>
</thead>
<tbody>
<tr>
<td># PEX Primary Exclusions</td>
<td>0</td>
<td>2</td>
<td>1</td>
</tr>
<tr>
<td># FTE Annual</td>
<td>237</td>
<td>213</td>
<td>-</td>
</tr>
<tr>
<td># FTE Termly Average</td>
<td>79</td>
<td>72</td>
<td>61</td>
</tr>
<tr>
<td>% FTE Termly Difference</td>
<td>-</td>
<td>8.8%</td>
<td>15.2%</td>
</tr>
</tbody>
</table>

Fig 6.0: Rate of exclusions across Sutton Primary Schools (2018/19 data based on the period Sep-Dec 18)

PTW Early Intervention began 1st April 2018, two terms into the academic year 2017/2018.

The data is showing a downward trend in both fixed and permanent exclusions since the conception of PTW. Although we have seen a 50% reduction in permanent exclusions, the data pool is too small to show any statistical relevance.

However, we do see a positive impact in the area of FTE which shows a 22.7% reduction between 2016/17 – 2018/19 based on a termly average. There will be a number of factors that have influenced this reduction, however we can evidence that PTW is a contributing factor.

Using a data sample of children that PTW have supported between September and December 2018, we identified 7 children who were in receipt of FTE 5 days or above or were identified as at risk of exclusion as a result of a referral to Primary Vulnerable Pupil Panel. For 5 of the 7 children we have not been notified of any FTE 5 days or above and there has been no escalation in behaviours or new concerns.

Work with 1 case is just about to begin.

For 1 case there is still considerable ongoing concern and additional external support has been engaged.

The data indicates that PTW reduces the risk and frequency of exclusion. Over the coming months PTW will be developing the sophistication of data gathering and reporting which will enable us to report in greater detail the impact of the interventions on exclusions.

Further enhancements to data capture and feedback will also include more detailed parental/carer feedback. Over the coming weeks Sutton Parents Forum, will be carrying out focus groups and individual interviews with parents and carers of children who have or are accessing PTW service to independently gain their views of the service and importantly the impact that the support has had both at home and in school. This feedback will be shared at a later date.
5.4 Pre Assessment Validation

When supporting a child whose behaviours may present as social communication or attention and concentration difficulties, it is important to first understand whether there are underlying root causes that may include childhood trauma or indeed environmental or social issues. The holistic support provided by the PTW team identifies whether there are any interplaying circumstances that need to be addressed before screenings are carried out, acknowledging that by addressing root causes we should see positive impacts. Any residual behaviours may then be indicative of the need for screening and ensure that only children most appropriate and with clear indicators are referred to SPA requesting assessment.

Data identifies that 90 of the 194 children and young people referred to PTW, were referred with a request for pre-diagnosis screenings to be carried out. 55.5% of these requests resulted in screenings being carried out and submitted to SPA. 64% of which met the CAMHS threshold for assessment, 30% the outcome is not yet known, and just 6% were a no to assess. Furthermore, PTW carried out screeners for 14.5% of cases that were not submitted to SPA, either results did not meet threshold or the PTW specialist has identified contributing factors that first need to be addressed. Screenings may then be rerun if necessary and will only be submitted if contributing factors have been addressed and threshold is met.

This data demonstrates the quality of the referrals being made by the PTW team. Only the most appropriate requests for assessment are submitted and only when the specialist is satisfied that there are no contributing factors, thus preventing unnecessary assessments being carried out and over diagnosis.

| # of requests for screening/screening carried out | 90 | 46% |
| # of screeners carried out but not submitted | 13 | 14.5% |
| # of requests for screeners not yet determined as necessary | 35 | 38.8% |
| # of requests for assessment submitted to SPA | 50 | 55.5% |
| # of requests for assessment met CAMHS threshold | 32 | 64.0% |
| # of requests for assessment did not meet threshold | 3 | 6% |
| # of requests for assessment threshold outcome not known | 15 | 30.0% |

Fig 7.0 shows outcome of screenings carried out as part of PTW early intervention (Total referrals 194)
6. NEXT STEPS/FUTURE DEVELOPMENTS

Based on the October 2017 workshop facilitated by SPF we have identified a number of areas that are not currently included within PTW that we feel we could introduce as part of the service.

<table>
<thead>
<tr>
<th>You Said</th>
<th>We Could</th>
</tr>
</thead>
<tbody>
<tr>
<td>▪ Clear pathway and information on what resources area available e.g. Portage.</td>
<td>Local Offer Coordinator to work with SPF and service providers to promote Autism offer and keep information up to date</td>
</tr>
<tr>
<td>▪ Information packs do not give answers and they go out of date quickly, services currently change so quickly – improve and ensure current webbased information</td>
<td>Clinical Psychologist to co-produce a FAQ for parents/carers and professionals that will be published on the Local Offer website</td>
</tr>
<tr>
<td>▪ Skilled staff in all schools (currently variable) and a checklist for schools.</td>
<td>Clinical Psychologist to co-produce young person’s diagnosis booklet. To be developed in conjunction with young people</td>
</tr>
<tr>
<td>▪ Spread of skills within schools to develop a better understanding.</td>
<td><strong>Commissioning Implications:</strong> None, information on resources and services could be managed on the Local offer.</td>
</tr>
<tr>
<td>▪ Diagnostic route is clear and therefore less emotional impact of chasing a diagnosis which is currently very draining.</td>
<td>Develop a protocol of good practice Autism in schools</td>
</tr>
<tr>
<td>▪ Timeline for diagnosis needs to be clear and there needs to be a point of contact if timescales not met.</td>
<td>Develop a training offer to enhance skills for school staff trained as Autism Link People</td>
</tr>
<tr>
<td></td>
<td>Develop annual conversation with Autism Link Person in schools to support development of their role, carry out a QA/Audit of practices to ensure schools are appropriately supporting children within their setting</td>
</tr>
<tr>
<td></td>
<td>Support link people to develop a peer led network for sharing ideas and resources – links with Autism interest group</td>
</tr>
</tbody>
</table>

**Commissioning Implications:**

Possible increase in autism support

Review existing Cognus pathway to ensure effective in conjunction with SPF, schools and other stakeholders, produce easy to understand flowcharts to be published on the Local Offer website

Explore possibility of requests for Autism assessments to come directly to Cognus rather than SPA first, for children and young people that are being referred by the PTW intervention team. This will reduce waiting
<table>
<thead>
<tr>
<th>Action</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Add timeframes and contact details to pathway</td>
<td>times and improve continuity of service for parents, carers, children and young people</td>
</tr>
<tr>
<td>Diagnostic tools will be relevant to girls and teams will have a better awareness of signs in girls. (Girls being missed.)</td>
<td>Commissioning Implications: None this can be provided within current capacity</td>
</tr>
<tr>
<td>Deliver termly training session for schools, other professionals, parents/carers</td>
<td></td>
</tr>
<tr>
<td>Promote the use of specific diagnostic tools that support the identification of girls and work with SPA to acknowledge them</td>
<td></td>
</tr>
<tr>
<td>Ensure timely diagnosis of ADHD</td>
<td>Commissioning Implications: Clinical Psychologist can deliver termly training within current capacity</td>
</tr>
<tr>
<td>Develop pathway for Cognus to take on ADHD assessments</td>
<td></td>
</tr>
<tr>
<td>Self-referral or professional referral can also happen, perhaps via school office 11+.</td>
<td>Commissioning Implications: Additional resource will be required</td>
</tr>
<tr>
<td>PTW early intervention element could be made available for secondary schools. Requests for support for primary students can be referred by anyone.</td>
<td></td>
</tr>
<tr>
<td>ASD/ADHD experts available to help and support quickly (good practice such as teacher of deaf provided post diagnosis)</td>
<td>Commissioning Implications: None we can manage within current capacity</td>
</tr>
<tr>
<td>Hold monthly phone in surgeries for schools, parent/carers and young people, providing the ability to speak with an Autism specialist and/or a Clinical Phycologist</td>
<td></td>
</tr>
</tbody>
</table>
In addition to the above, we have identified a number of other enhancements that we could make to the service based on our learning from the pilot to address specific needs.

<table>
<thead>
<tr>
<th>Need</th>
<th>Opportunity</th>
</tr>
</thead>
<tbody>
<tr>
<td>▪ To explain STAR data and statistical relevance</td>
<td>Cognus will work with Triangle to develop a dataset with statistical relevance to further demonstrate impact the data once it has increased its number of completed STARS</td>
</tr>
<tr>
<td>▪ To reduce anxiety and improve school attendance for children and young people with Autism who are school refusing, particularly KS3 and above</td>
<td>Develop a programme of support for children and young people with Autism and related anxiety to address issues such as poor attendance and school refusing</td>
</tr>
<tr>
<td>▪ Secondary schools do not currently have access to PTW early intervention, but do have a range of students pre diagnosis that could benefit from support</td>
<td>Extend the support of PTW and adapt the model to support secondary school young people</td>
</tr>
</tbody>
</table>
| ▪ A key priority – in the recent Green Paper is the new role of Designated Mental Health Lead in schools. Cognus is well placed to support this role by providing:-  
  ▪ Support to the designated lead in the oversight of the whole school/college approach to mental health and wellbeing, including how mental health is reflected in the design of behaviour policies, curriculum and pastoral support, how staff are supported with their own mental wellbeing and how pupils and parents are engaged;  
  ▪ Supporting the identification of at risk children and children exhibiting signs of mental ill health;  
  ▪ Assist the designated lead in the coordination of the mental health needs of young people within the school or college and support in the oversight of the delivery of interventions where these are being delivered in the educational setting;  
  ▪ Support to staff in contact with children with mental health needs to help raise | Develop a designated mental health forum for schools (similar to SENCO forum model) to support the implementation of Designated Senior Leads for mental health in schools and colleges to achieve the recommendations and aims detailed in the Green Paper July 2018  
  Provide training to the designated mental health leads in the local area. This would include assisting leads in the development of their understanding of the new mental health needs for learners as well as staff                                                                 |
| ▪ Commissioning Implications: None we can manage within current capacity |                                                                                                                                                                                                            |
| ▪ Commissioning Implications: Increased capacity for Autism Team/clinical nurse/psychology assistant with oversight by Clinical Psychologist |                                                                                                                                                                                                            |
| ▪ Commissioning Implications: Increased capacity in PTW early intervention team including clinical nurse specialist for secondary schools |                                                                                                                                                                                                            |
| ▪ Commissioning Implications: Increased capacity for Educational Psychology and Clinical Psychology to lead the implementation |                                                                                                                                                                                                            |
Cognus is keen to discuss opportunities for service development to enhance the existing offer and broaden our reach to support children and young people at secondary level.

To enhance this evaluation Cognus are working with Sutton Parents Forum to carry out an independent evaluation with parents who has accessed the service. Evaluation data will be provided as an addendum at the beginning of March 2019.

7. CONCLUSION

Increasing inclusion in mainstream schools and reducing exclusions can, and is, being achieved through the PTW integrated support model. It will take more time and more investment to ensure that PTW is fully embedded in Suttons early support offer both at a Primary and Secondary level.

In just 10 months we are seeing the impact that the service brings, not only to the children and families we support but also to the schools whose skills we are enhancing through specific training, advice and consultancy, helping to ensure that children both now and in the future benefit by capacity building within our settings.

PTW is having a wide reaching impact, families are managing better, home is calmer and routines are in place creating a happy healthy atmosphere, not just for the child referred but for the whole family. Happier, calmer children are better able to access and engage in their education and have improved friendships, developing skills essential for reaching their full potential.

Put simply, Paving The Way is a model that works.
### APPENDIX A

#### YOU SAID WE DID

<table>
<thead>
<tr>
<th>You Said</th>
<th>We Did</th>
</tr>
</thead>
<tbody>
<tr>
<td>▪ Skilled staff in all schools (currently variable) and a checklist for schools</td>
<td>Introduced Autism Link person training for all schools in Sutton. Training develops capacity of staff within settings to better identify, understand and support C&amp;YP with social communication difficulties</td>
</tr>
<tr>
<td>▪ Spread of skills within schools to develop a better understanding.</td>
<td>PTW developed a service and pathway that can be referred to by anyone, it is not reliant on a referral from school alone. The diagnostic element of the service is for 5+ to 18 years. The early intervention element of the service is currently for children aged 5 to 11/12 (year 7)</td>
</tr>
<tr>
<td>▪ Clearly defined pathway (currently varied route) into diagnosis (school, GP, parents)</td>
<td>The PTW specialists triangulate information as a result of consultation with school, parents/carers and observations of the child. If required, screenings for children referred at a primary level will be carried out and parents and carers are supported to complete required information. If the criteria for referral is met the PTW specialist will make a referral to SPA with a report to support the request</td>
</tr>
<tr>
<td>▪ Self-referral or professional referral can also happen, perhaps via school office 11+.</td>
<td>Consultation meetings are held with school, parents/carers and the PTW specialist in the first instance to discuss the request for service. Subsequent meetings are often facilitated for further information gathering, review or service exit. These supported meetings help to develop a relationship between parent and school and facilitate opportunities for robust discussion. The PTW team will also carry out multiple observations of the child in varying settings, both school and home. During the home visit further parent/carer meetings are held. Observing and meeting in multiple settings enable PTW to understand possible differences in presentations and to address these individually by providing bespoke 1:1 advice, support and strategies that are unique to the environment</td>
</tr>
<tr>
<td>▪ Access to diagnosis will not be too reliant on parents’ expertise and being proactive</td>
<td>▪ Opportunities for parents to talk to schools</td>
</tr>
<tr>
<td>▪ A separate person e.g. Keyworker to support pre-diagnosis</td>
<td>▪ Strategies need to be in place for home and school</td>
</tr>
<tr>
<td>▪ Won’t need a diagnosis to get support</td>
<td>▪ Won’t need a diagnosis to get support</td>
</tr>
<tr>
<td>▪ EHCP/resources are currently dependent on diagnosis: Golden key –</td>
<td>▪ EHCP/resources are currently dependent on diagnosis: Golden key –</td>
</tr>
</tbody>
</table>

The PTW early intervention element has been specifically designed for children without a diagnosis/without and EHCP. C&YP referred are able to access a full
<table>
<thead>
<tr>
<th>assumptions, plan resources - Shouldn’t need EHCP to get support</th>
<th>range of 1:1, group work as well as support for the school and the family. A multi-agency approach is always taken which may involve PTW supporting the completion of an Early Help Assessment or may involve the team making recommendations to the school for additional services to be involved such as SaLT, EP etc. Over the past year there has been a greater awareness of additional support contract and how these may be accessed. Additionally PTW engages in Next Steps meetings and can offer a service where appropriate when a no to assess or no to issue an EHCP is identified.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Can’t get funding without EHCP - 2 tier service</td>
<td>PTW has very clear timeframe that is adheres to once a request for diagnosis is received from SPA. If the referral stems from the early intervention element of the service the PTW specialist remains in communication with the parent to advise when the request for assessment has been made.</td>
</tr>
<tr>
<td>Diagnostic route is clear and therefore less emotional impact of chasing a diagnosis which is currently very draining.</td>
<td>PTW specialists work closely with parents/carers at each stage of the process, the focus is always on identifying any root causes that could be environmental or social before screenings are even considered. Screenings only carried out without parents’ consent. PTW acknowledges that this is a journey for parents/carers as well as the child and provide 1:1 support for parents which can also take place in the home setting as well as provide pre-diagnosis workshops specifically aimed at parents/carers that have a child without a diagnosis, ensuring that advice, support, strategies and all-important networking with other parents/carers is still available.</td>
</tr>
<tr>
<td>Support pathway for parents who are not ready for a diagnosis.</td>
<td>The PTW team have all engaged with additional training for Autism in Girls to ensure that possible identification is robust. When working with a girl with possible social communication difficulties PTW complete both the SCQ and the Australian screening tools, acknowledging that the Australian is more suited to the presentation of girls and highlights higher functioning Autism and where children have not had any language delay. The team also work closely with the PTW clinical psychologist to review cases.</td>
</tr>
<tr>
<td>A professional to talk to re: pre-diagnosis or to observe. Someone in the building when the service takes place.</td>
<td></td>
</tr>
<tr>
<td>Diagnostic tools will be relevant to girls and teams will have a better awareness of signs in girls. (Girls being missed.)</td>
<td></td>
</tr>
<tr>
<td>▪ Refer to specialise assessment unit specialist team triage, formal assessment /early help</td>
<td>Assessments for Autism take place locally, most frequently at Cognus offices however we are able to facilitate assessments where the child and family are comfortable which could be school or another community setting for example Early help is provided by the early intervention element of PTW service. In addition to the support PTW offer we support the completion of the Early Help Assessment tool if appropriate to access support beyond the service, taking a fully holistic approach. This is particularly important when there are environmental and social factors identified</td>
</tr>
<tr>
<td>▪ At the end of the assessments parents and child should leave with a plan/pathway</td>
<td>At the end of an assessment the outcome is communicated to parents/carers. If a diagnosis of Autism is given the parents/carers can access parent workshops and the child may access a 1:1 session on understanding their diagnosis. If through this support additional help is required the Cognus Autism service will contact the school/family to discuss. An information pack has been produced of local services and support that is given to families post assessment can access the pre diagnosis workshops on social communication difficulties and 1:1 support as can their child via the PTW early intervention element.</td>
</tr>
<tr>
<td>▪ Support/key worker needed especially post diagnosis</td>
<td></td>
</tr>
<tr>
<td>▪ Post diagnosis requires support for how the condition affects the individual</td>
<td></td>
</tr>
<tr>
<td>▪ Different strategies/needed for children and young people depending on age of diagnosis</td>
<td>1:1 post diagnosis sessions can be accessed. These are child centred and conversations are tailored to address any concerns that the child may have and are age appropriate Strategies given at any stage of the PTW service are always bespoke to the individual, setting and circumstance</td>
</tr>
<tr>
<td>▪ Ensure CYP are supported in current provision appropriately and reduce referrals to STARS, Limes, Wandle Valley and stop illegal exclusions; improve inclusion rates in Sutton schools and neighbouring colleges</td>
<td>Data has identified a 22.7% reduction in FTE which is supporting children to remain in their mainstream setting</td>
</tr>
</tbody>
</table>
APPENDIX B

QUALITATIVE DATA

Parent Programmes Pre/Post Diagnosis

<table>
<thead>
<tr>
<th>Statement</th>
<th>Strongly agree</th>
<th>Agree</th>
<th>Disagree</th>
<th>Strongly disagree</th>
</tr>
</thead>
<tbody>
<tr>
<td>This program has made an important difference in my life</td>
<td>46%</td>
<td>54%</td>
<td>0%</td>
<td>0%</td>
</tr>
<tr>
<td>I felt welcome when I attended PTW</td>
<td>100%</td>
<td>0%</td>
<td>0%</td>
<td>0%</td>
</tr>
<tr>
<td>I have learned skills in this program that I use each day</td>
<td>62%</td>
<td>38%</td>
<td>0%</td>
<td>0%</td>
</tr>
<tr>
<td>I am better informed about social communication differences as a result of this program</td>
<td>85%</td>
<td>15%</td>
<td>0%</td>
<td>0%</td>
</tr>
<tr>
<td>I felt safe when raising my point of view when attending PTW</td>
<td>100%</td>
<td>0%</td>
<td>0%</td>
<td>0%</td>
</tr>
</tbody>
</table>

Fig xx illustrates parent/carer feedback in relation to pre and post diagnosis workshops

Feedback data identifies the value in supporting parent/carers pre and post diagnosis via workshops. 100% of parent/carers said they were better informed about what social communication difficulties are, and have learnt new skills that they use every day, skills that will support their child to achieve their full potential.

Neurodevelopmental Feedback

After each Cognus diagnosis parents/carers are asked to provide feedback on the neurodevelopmental service that they received. The table below shows the results of the feedback.

<table>
<thead>
<tr>
<th>Statement</th>
<th>TRUE</th>
<th>Partly True</th>
<th>Uncertain</th>
<th>Not True</th>
</tr>
</thead>
<tbody>
<tr>
<td>Feel listened</td>
<td>100%</td>
<td>0%</td>
<td>0%</td>
<td>0%</td>
</tr>
<tr>
<td>Easy to talk to</td>
<td>100%</td>
<td>0%</td>
<td>0%</td>
<td>0%</td>
</tr>
<tr>
<td>Treated with respect</td>
<td>100%</td>
<td>0%</td>
<td>0%</td>
<td>0%</td>
</tr>
<tr>
<td>Views taken seriously</td>
<td>100%</td>
<td>0%</td>
<td>0%</td>
<td>0%</td>
</tr>
<tr>
<td>Knowledge</td>
<td>100%</td>
<td>0%</td>
<td>0%</td>
<td>0%</td>
</tr>
<tr>
<td>Enough explanation</td>
<td>100%</td>
<td>0%</td>
<td>0%</td>
<td>0%</td>
</tr>
<tr>
<td>Helpful</td>
<td>100%</td>
<td>0%</td>
<td>0%</td>
<td>0%</td>
</tr>
<tr>
<td>Facilities</td>
<td>51%</td>
<td>14%</td>
<td>0%</td>
<td>35%</td>
</tr>
<tr>
<td>Convenience of appt</td>
<td>93%</td>
<td>7%</td>
<td>0%</td>
<td>0%</td>
</tr>
<tr>
<td>Easy access</td>
<td>76%</td>
<td>24%</td>
<td>0%</td>
<td>0%</td>
</tr>
<tr>
<td>Would recommend</td>
<td>100%</td>
<td>0%</td>
<td>0%</td>
<td>0%</td>
</tr>
<tr>
<td>Good help received</td>
<td>100%</td>
<td>0%</td>
<td>0%</td>
<td>0%</td>
</tr>
</tbody>
</table>

Fig xx illustrates parent/carer feedback in relation to the Autism assessment process
Fig xx illustrates waiting times from receipt of request for assessment at Cognus to assessment appointment.

4 young people are yet to be seen.

- On average, referrals are seen within 15 working days.
- The shortest wait has been three days.
- The longest wait has been 25 days.
APPENDIX C

CASE STUDY

The following case study shows the journey of a child who accessed both the early intervention and diagnostic elements of the PTW service.

1. REASON FOR REFERRAL

A ten year old young girl, (White British Background) was initially referred to the Paving The Way Team at Cognus due to:

- Anxiety
- Long standing concerns with regards to making and maintaining friendships.
- Sensory sensitivities

2. PAVING THE WAY EARLY INTERVENTION DELIVERED

- Initial assessment with Parent included a developmental history, and a number of screening assessment questionnaires, including:
  - Social Communication Questionnaire
  - Australian Questionnaire
  - RCADS
  - Strength and Difficulties
- One to one sessions planned. These started prior to all the screening assessments being returned and analysed
- One to one intervention offered once a week for 45 minutes in school
- Child was able to identify goals that she wanted to work on
- Focus of the sessions:
  - Managing friendship situations and conflicts
  - Identifying feelings
  - Developing strategies to manage anxieties and upsets
  - Building resilience
- Review meeting scheduled after just 4 sessions as Parent was sharing concerns regarding child’s emotional fragility and it was a timely opportunity to share the findings of the screening assessments
- Screening assessments and developmental history shared with Clinical Psychologist, Dr Anneline Food to confirm that there was sufficient evidence to proceed with a referral
- Parent was keen to proceed with a CAMHS referral for an Autism assessment - referral to CAMHS actioned
- Deterioration in child’s anxiety in the mornings impacting on mood and willingness to attend school
- Plan to continue one to one intervention and offer a home visit where ideas could be discussed and agreed with the whole family
- Home visit proved to be hugely successful as all members of the family were able to talk openly about the relationship difficulties, levels of anxiety in the mornings and evening and routines currently in place. Practical ideas were shared and agreed by everyone
- Follow up home visit (early morning before school) to review and reinforce the strategies and see strategies in action
• One to one sessions reduced to fortnightly in light of progress made and as a means of preparing child for ending
• Referral for Autism assessment accepted and appointment offered – see below for outcome

3. PAVING THE WAY OUTCOME OF INTERVENTIONS

Child:

• With diagnosis from clinical psychology, there is more understanding of child’s presentation by parents and school. Diagnosis helps inform present and future interventions.
• Improved routine in the mornings and evenings – reduced incidents of upsets and tantrums in the mornings
• Child smiling and happier going to school each day
• Small group of friends that child is happy to play with in school – beginning to feel more secure with her friendships
• Friendship conflicts are still happening but they are sorted out more quickly and child is able to ‘let things go’ and move on from an incident
• Child able to recognise the progress she has made and this was illustrated through the Attention STAR assessment tool, completed at the start of the intervention and at the end

Parents:

• Less shouting at home
• Fewer arguments at home between all family members
• Calmer morning and evening routine
• Improved relationship between child and Father

School:

• Emotional well-being has visibly improved
• Child using the strategies in school to help her with her feelings
The STAR impact data, triangulated with the child, parent and school feedback supports the positive differences that are being seen and reported in practice.

4. JOINT WORKING WITH CLINICAL PSYCHOLOGY

Further concerns identified

Following the interventions of the Paving The Way team member Mental Health Nurse Nibby Withers, further concerns were identified which suggested possible neurodevelopmental concerns with regards to;

- Language and non-verbal communication
- Social Interaction
- Restrictive and repetitive behaviour
- Play
- Sensory differences
- Rigidity of thought

5. CLINICAL PSYCHOLOGY CONSULTATION

In house Clinical Psychology (Dr Anneline Flood) was consulted with reference to possible neurodevelopmental concerns and querying whether there was enough evidence to put
forward for the more specialised neurodevelopment assessment for Autism Spectrum Disorder. This involved clinical psychology reviewing all information with reference to child and having meeting with Nibby Withers.

6. CLINICAL PSYCHOLOGY ASSESSMENT AND DIAGNOSIS

Following consultation, the young person was accepted and seen by Clinical Psychology within two weeks of the referral. Assessment included:

- Parental interview
- Individualised ADOS assessment.
- Formulation
- Feedback to parent

Based on information and evidence, a diagnosis of Autism Spectrum Disorder was given.

7. CLINICAL PSYCHOLOGY POST DIAGNOSIS INTERVENTIONS

Post Diagnosis interventions included:

- Immediate information giving and support during the latter part of the neurodevelopmental assessment.
- Six week programme for parents whose children have received a recent diagnosis
- One-off understanding diagnosis session for children with a recent diagnosis

8. CONCLUSION OF OVERALL INPUT OF COGNUS STAFF

What worked well?

- Joint working between the services Paving The Way and Clinical Psychology within Cognus. This helped present the most relevant information for the ASD referral and expedite the time between the accepted referral and the young person being seen by Clinical Psychology
- Ability to provide diagnosis within company. Helped give quick, seamless and clear continuity of care
- Home visit proved to be hugely successful as all members of the family were able to talk openly about the relationship difficulties, levels of anxiety in the mornings and evening and routines currently in place. Practical ideas were shared and agreed by everyone
- Home visit allowed all family members to be part of the process and facilitated some frank discussions about the relationship difficulties and arguments happening at home. Parents were more relaxed talking about the difficulties within their home environment
- All family members were included in generating ideas and were part of the planning and decision making about the changes they would be making
- Ongoing liaison with Parent and SENCo throughout the intervention, phone calls, emails and review meetings
- Relationship building with child and Parent
- Availability to be a sounding board for Parent
- Flexibility of working, late afternoon /early evening home visit and early morning (before school) home visit
• Two home visits were a crucial turning point for the family. It is difficult to know whether this would have improved things earlier in the intervention as it was important for the child to have a trusting relationship before she shared information that prompted the home visit
• Honest and straight conversations with Parents about home situation and what needed to change

What could have been improved?
• Earlier engagement with Father of child

9. FEEDBACK

Feedback from child:

How did you find the sessions? – “Liked them”

How did the sessions help you? – “They’ve given me ideas. Helping me at home, school and other places”

Is anything different now? Better, worse, the same? – “I now can recognise when my emotions are overflowing, so before I react I can do something - E.g. give myself a red card, take myself to my safe place and think of happy thoughts

What will you remember about the sessions? – “Nibby! Affirmations, dobble, clever comebacks, bin experiment, ideas that will help calming down”

Feedback from Parent:

How well did the intervention support your child?
Excellent – [child a] was really struggling coming into school and with friendships and Nibby’s time and strategies have really helped the situation
Nibby has gone over and above to help us as a family and to try and make [child a] happier in coming into school and leaving our house.

What impact has this support/intervention had on:
Child:
[child a] is much happier at school, she is not so anxious as she now has some strategies to help her and she feels like she has had someone to talk to

Family:
Relationships have improved at home and we are working on building these especially between [child a] and her Dad and her siblings. Things are calmer at home and there are less arguments.

Have you been signposted to any other service?
We have been offered support in a family new beginnings support group which was great.

Clinical Psychology Feedback: Appointment was thorough. Lady was understanding and reassuring.

Feedback from School:
“Nibby has worked intensively with [child a], school and family. She has highlighted areas of concern and has offered effective strategies for both home and school in order to address them. Parents have found the home visits particularly beneficial and have made positive changes to their routines and interactions at home. [child a] has benefited enormously from the intervention and her emotional wellbeing has visibly improved over the course of this term.”
APPENDIX C
The Journey of Change

1. Stuck (blue)
   At the start of the journey, life is difficult. The child’s behaviour and/or learning is a major problem and it may feel as if this rules their life and that of their family. Perhaps they cannot sit still or concentrate, or they get into trouble or take risks a lot, and may have been excluded from school or other places. They may feel anxious, upset, frustrated, angry or hopeless a lot of the time. Perhaps they don’t know why or what is wrong. Perhaps they have a diagnosis such as autism or ADHD but don’t receive any support, or they or their family are not accepting the support offered. Things are not getting better, so they are stuck.

2. Getting help (red)
   Things may be as bad as at stage 1, but at this stage the child and/or their family know things have to change or want things to get better and they are getting help. Perhaps they or their family are listening to suggestions and talking to professionals. The child’s behaviour, learning or ability to pay attention is not altering a lot yet, but they and/or their family feel more supported and are ready to look at making changes.

3. Trying things out (orange)
   At this stage the child and/or others are trying out new ways to help manage their attention, learning or behaviour, such as trying to get up and go to bed at a regular time, but it is early days. The child and/or their family may feel motivated some of the time, but are not really sure what they can achieve. If the child is younger, it may be mostly the people around them who are trying things out, including their family, their school and health professionals. This may include ideas like a “time out” card, a reduced timetable or opportunities to be more active.

4. Finding what works (green)
   At this stage the child and/or the people around them can see the difference that some new strategies are making and learn from any setbacks. The child can see some things they are good at, and so can people around them, so the child does not feel criticised all the time. The child and/or others understand their condition and feel motivated to change things. If the child is younger, it is the adults around them who are finding what works, but older children are finding what works for themselves, and building effective strategies to improve their attention, learning and/or behaviour. However, these strategies still need to become more established, the child and their family are not yet confident enough to stop having specialist professional support, and/or there are still some key areas where changes are needed.

5. Managing well (teal)
   At the final stage of the journey, any difficulties with attention, learning and/or behaviour are mostly not a barrier to the child getting on with their life and doing the things they want to do in a socially acceptable way. Probably things can and will continue to improve, but they are now doing OK in school or training, and they are resilient and able to manage well enough. If they have a diagnosed condition, they may have medication and check-ups once or twice a year. If the child is older, they are mostly managing well by themselves, and if they are younger, they are managing well because their family, school and others support them and the child does what they can. They and/or their family know how to get the help they need if new challenges arise.