ASD and ADHD Pathway

30-11-2017

Pride in our children’s, young people’s and families’ services

Cambridgeshire and Peterborough
NHS Foundation Trust

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ADHD – NICE Guidance: Organisation and planning of services

Improved organisation of care and better integration of paediatric, child and adolescent mental health services (CAMHS) and adult mental health services.
ADHD – NICE Guidance: Organisation and planning of services

- Every locality should develop a multi-agency group, with representatives from multidisciplinary specialist ADHD teams, paediatrics, mental health and learning disability trusts, forensic services, child and adolescent mental health services (CAMHS), the Children and Young People's Directorate (CYPD) (including services for education and social services), parent support groups and others
ADHD – NICE Guidance: Referrals

• Refer to parent training programmes

• Do not diagnose or treat in primary care

• Refer if there are persisting symptoms causing moderate impact on development and family life
ADHD – NICE Guidance: Diagnosis

• High levels of hyperactivity/impulsivity and/or inattention that result in significant psychological, social and/or educational or occupational impairment that occurs across multiple domains and settings and persists over time.
ADHD – NICE Guidance:

• For a diagnosis of ADHD, symptoms of hyperactivity/impulsivity and/or inattention should:
• meet the diagnostic criteria in DSM-IV or ICD-10 (hyperkinetic disorder),[2] and
  be associated with at least moderate psychological, social and/or educational or occupational impairment based on interview and/or direct observation in multiple settings, and
• be pervasive, occurring in two or more important settings including social, familial, educational and/or occupational settings.
ADHD – NICE Guidance: Post Diagnosis advice

• Positive parenting and behavioural techniques
• Balanced diet, good nutrition and regular exercise
• Do not advise elimination of artificial colouring and additives from the diet as a generally applicable treatment
• If there is a clear link, advise parents or carers to keep a diary of food and drinks taken and ADHD behaviour
• If the diary supports a relationship between specific foods and drinks and behaviour, offer referral to a dietitian
• Do not advise or offer dietary fatty acid supplementation for treating ADHD in children and young people.
• Advise the family members or carers of children with ADHD that there is no evidence about the long-term effectiveness or potential harms of a 'few food' diet for children with ADHD, and only limited evidence of short-term benefits.
Treatment for school-age children and young people with ADHD and moderate impairment

- Group-based parent-training programmes are usually the first-line treatment.
- May also include group psychological treatment (cognitive behavioural therapy [CBT] and/or social skills training) for the younger child.
- For older age groups, individual psychological treatment may be more acceptable if group behavioural or psychological approaches have not been effective, or have been refused.
- Drug treatment may be tried next for those children and young people with ADHD and moderate levels of impairment.
- Drug treatment is not indicated as the first-line treatment for all school-age children and young people with ADHD.
- It should be reserved for those with severe symptoms and impairment or for those with moderate levels of impairment.
ADHD – NICE Guidance: Treatment

• Teachers who have received training about ADHD and its management should provide behavioural interventions in the classroom.
• When using group treatment (CBT and/or social skills training) for the child or young person in conjunction with a parent-training/education programme, particular emphasis should be given to targeting a range of areas, including social skills with peers, problem solving, self-control, listening skills and dealing with and expressing feelings.
• Active learning strategies should be used, and rewards given for achieving key elements of learning.
• For older adolescents with ADHD and moderate impairment, individual psychological interventions (such as CBT or social skills training) may be considered as they may be more effective and acceptable than group parent-training/education programmes or group CBT and/or social skills training.
ADHD – NICE Guidance: Treatment

• The first-line treatment for school-age children and young people with severe ADHD (hyperkinetic disorder) and severe impairment is drug treatment.

• If the child or young person wishes to refuse medication and/or the parents or carers reject it, a psychological intervention may be tried but drug treatment has more benefits and is superior to other treatments for this group.
Autism – NICE Guidance

• The term autism describes qualitative differences and impairments in reciprocal social interaction and social communication, combined with restricted interests and rigid and repetitive behaviours, often with a lifelong impact.

• In addition to these features, children and young people with autism frequently experience a range of cognitive, learning, language, medical, emotional and behavioural problems, including: a need for routine; difficulty in understanding other people, including their intentions, feelings and perspectives; sleeping and eating disturbances;

• and mental health problems such as anxiety, depression, problems with attention, self-injurious behaviour and other challenging, sometimes aggressive behaviour.

• These features may substantially impact on the quality of life of the individual, and their family or carer, and lead to social vulnerability.
Autism – NICE Guidance - Assessment

• parent's or carer's concerns and, if appropriate, the child's or young person's concerns
• details of the child's or young person's experiences of home life, education and social care
• a developmental history, focusing on developmental and behavioural features consistent with ICD-10 or DSM-IV criteria
• assessment (through interaction with and observation of the child or young person) of social and communication skills and behaviours, focusing on features consistent with ICD-10 or DSM-IV criteria
• a medical history
• health conditions
• a physical examination
• consideration of the differential diagnosis
• systematic assessment for conditions that may coexist with autism
Autism – NICE Guidance – Support and management

• Priorities for implementation:
  • Ensure that all children and young people with autism have full access to health and social care services, including mental health services, regardless of their intellectual ability or any coexisting diagnosis.

• Health and social care professionals working with children and young people with autism in any setting should receive training in autism awareness and skills in managing autism

• Making adjustments to the social and physical environment and processes of care - providing visual supports, amount of personal space given, considering individual sensory sensitivities to lighting, noise levels and the colour of walls and furnishings.
Autism – NICE Guidance – Support and management

• Psychosocial interventions:
  • Consider a specific social-communication intervention for the core features of autism in children and young people that includes play-based strategies with parents, carers and teachers to increase joint attention, engagement and reciprocal communication in the child or young person

• Anticipating and preventing behaviour that challenges:
  • Assess factors that may increase the risk of behaviour that challenges in routine assessment and care planning
  • If no coexisting mental health or behavioural problem, physical disorder or environmental problem has been identified as triggering or maintaining the behaviour that challenges, offer the child or young person a psychosocial intervention (informed by a functional assessment of behaviour) as a first-line treatment.
Autism – NICE Guidance – Support and management

• Families and carers:
• Offer families (including siblings) and carers an assessment of their own needs, including whether they have:
  • personal, social and emotional support
  • practical support in their caring role, including short breaks and emergency plans
  • a plan for future care for the child or young person, including transition to adult services.
• Transition to adult services:
• For young people aged 16 or older whose needs are complex or severe, use the care programme approach (CPA) in England, or care and treatment plans in Wales, as an aid to transfer between services.
• Involve the young person in the planning.
• Provide information about adult services to the young person, and their parents or carers, including their right to a social care assessment at age 18.
Thank You
Supporting the Neurodevelopmental Pathways through Early Help
Briefing session

Pam Setterfield (Commissioner, Child Health and Well Being)

Sharif Al-Rousi (Commissioner, Emotional Health and Well Being)
The 2015/16 Cambridgeshire and Peterborough Local Transformation Plan identified the ASD/ADHD service as a priority in the light of long waiting lists.

In 2015 an increase in the number of referrals to CAMHS services for ASD/ADHD resulted in an interim suspension of this part of the CAMHS service, in Peterborough.

The JCU looked to develop early help and support to parents through a new ASD/ADHD pathway.

A Cambridgeshire and Peterborough Parenting Strategy Group set up to look at developing the support service and implementing the pathways.
Greatest focus on Peterborough - where there was limited access to Evidence Based Parenting Programmes.

In Cambridgeshire the infrastructure was in place for access to and delivery of Evidence Based parenting programmes, without the need for significant changes.

The new Peterborough arrangements were opened on 15th December 2015 - with a series of Webster Stratton Courses set up to provide support to parents.

Pathway established through the Early Help Process to access an Evidence Based Parenting programmes.
Families and/or schools are experiencing challenging behaviours from their children that might potentially need a neurodevelopmental assessment, they are now recommended to engage in the pathway.

The pathway is about getting help earlier.

Families are encouraged to engage with the completion of an Early Help Assessment – previously known as a ‘CAF’.

An Early Help Assessment is simply the gathering of information into one place with consent to share with relevant partners who will be involved in supporting the family.
Promoting the Message

- Since the introduction of the pathways there has been a wide range of questions about the process

- Guidelines, including the frequently asked questions have been reproduced for professionals working with families

- Following parental requests we have also produced guidelines that can be shared with parents and family members

- Currently looking at whether we could produce something for young people
Access to Early Help

- Have had to consider demand patterns for the programmes - so some courses delivered in the evening. This enables working parents to attend, both parents to attend - gives more flexibility

- Currently piloting on On-Line Triple P course across Peterborough and Cambridgeshire
A Sustainable Model

- Also looked at developing the workforce
- Series of training organised for partners including schools, to enable them to deliver their own Evidence Based Parenting Programmes, within schools and with their own client group
- Peer support network set up with external providers in Peterborough
- Developing a quality framework across Peterborough and Cambridgeshire
Post Diagnosis

• Have been liaising with the health providers to identify gaps in the post diagnosis support across Peterborough and Cambridgeshire

• Have now arranged for a series of post diagnosis support in Peterborough and Cambridgeshire

• Social Communication, Interaction and Learning Skills (SCILS) Cygnets - evidence based programme for children diagnosed with Autism, APEG - ADHD Parenting Education Group (running in Peterborough)
In Peterborough 11 EBPP have been commissioned and delivered. More than 150 parents have accessed EBPP during 2016/17 in Cambridgeshire and Peterborough. Schools delivering EBPP. There has been positive reflection from parents who have accessed the support:

“I recognise that my standards were high”
“I see that shouting, it just makes him shout”
“I learnt how to support my son’s outbursts. I reflect and don’t shout back. I don’t engage in an argument”
LR started our group with a very negative head, stating that “nothing works – we’ve tried it all! She never behaves, there is definitely something wrong with her”. However it became evident even after the first week that the parent’s dedication to the course and homework was already having an impact. LR came to the group in week 2 feeling shocked that she had had a really good week with her daughter, she had made the effort to ensure a dedicated play session with her every day, and it had made an improvement on her daughters behaviour.

After a review at week 6, LR has stated that although she sometimes struggles with her daughters resisting behaviour, they’re feeling more confident in dealing with it and implementing the strategies taught throughout the sessions. She has expressed disbelief when she has a ‘good week’ with her daughter, or her daughter has complied with a request. “I didn’t think she would do it, but she did. I was so surprised. She really, really loves praise and having time with us”
In Cambridgeshire around 8 EBPP are delivered every term by Children’s Centres or Family Workers in District Teams as part of a suite of group-based interventions to support parents including taster sessions and shorter workshops.

Typically between 150 and 200 parents access these groups each term. Of these, around 80-100 are accessing EBPP.

In Cambridgeshire EBPPs are now more evenly balanced across the geography of the County, improving access.
And from Health

- New assessment waiting times have reduced significantly from some youngsters waiting up to 2 years in 2015/2016 to waiting times of 15 weeks for ASD and 6 weeks for ADHD.

- In 2015/2016 a high rate of referrals did not lead to a diagnosis, currently the majority of assessments lead to a diagnosis.

- Feedback from parents who have accessed the pathway and attended EBPP is that this has actually been very helpful even though at the beginning of the process they had been reluctant or unsure about the pathway.

- The more appropriate level of referrals means that the Integrated Neurodevelopmental Service are able to provide more post diagnosis interventions.
## Progress

Numbers waiting for ASD/ADHD assessment in weeks

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Reduction in waiting lists
Contact details

• Peterborough City Council Early Help Service:
  • Telephone 01733 863649
  • Email: earlyhelp@peterborough.gov.uk
  • Secure email: earlyhelp@peterborough.gcsx.gov.uk

• Neurodevelopmental Service:
  • Tel: 01733 777939
  • Secure email: cpm-tr.Neurodevelopmentteam@nhs.net