## NHS Wandsworth Clinical Commissioning Group

The purpose of this grant is to support community and voluntary sector organisations to:

- work with disadvantaged communities, and those most at risk of poor health
- ensure those most often unheard are enabled to strengthen their voice about their healthcare needs to shape NHS services in Wandsworth and improve access to appropriate and local healthcare
- help groups to tackle health inequalities by supporting people to live healthier, happy lives

Please use this template as a guide to the main points that should be covered in your final report. You can be as creative and expressive as you like in your report and how it is presented. It is not necessary to stick to this template as long as you cover all the points below:
1. Who were the beneficiaries of your project?
The main beneficiaries of this project were parent carers and children with a diagnosis or undergoing a diagnosis of ADHD, Autism Spectrum and or Sensory Processing Disorder. From the 30 parent/carers who attended the programme 3% were male and 97% female. 17% of attendees indicated that they had a medical condition and or disability; these included Lupus, ADHD, Autism Spectrum, Dyslexia, tachycardia, postural hypotension, arthritis, endometriosis, Raynaud’s, Sjorgens, PTSD, Depression, eating disorders and cancer (type not specified). Of this group, 23% identified as lone-parents and 81% considered themselves to be from a low-income household. From the small sample of parents who chose to complete the ethnicity monitoring form 33% identified as White British, 0.3% Asian, 0.3% Black other (French), 0.3% Mixed White Caribbean, 0.3% Pakistani and 0.6% Black African. The age range of attendees was from 26-57 years.

2. Please tell us how you promoted equality, diversity and inclusion?
Sen Talk holds a universal policy of Equality and Diversity, as well as a separate Inclusion and Vulnerable adult’s policy to ensure we maintain the highest possible standards of inclusion. Participants were able to complete an online registration form which outlined any specific needs that may need to be considered so we could make further accessibility arrangements if necessary (in line with the Equality Act 2010). Parents were able to register over the phone if they were unable to complete the form themselves or in person at one of our drop-in sessions. Below is a shot of our online form for your information.
The course was held at the Kambala Community Hall, which is all on one level with wheelchair accessibility and disability friendly facilities. We also ensured the course was held in a location a short walk from local transport and amenities. All the information from the course was printed on dyslexia friendly colours and large clear print was also used. We promoted our programmes through various means to ensure we reached as many communities as possible; this included local schools, council special education departments, children’s centres, local charities and organisations, the national autistic society, local refugee and ESOL groups and all of our social media platforms.

3. What did you do? (List your activities, locations, number of times they were held, how many people took part)

We ran three six week parent workshops in January, May and September covering the following topics;

1. Introduction the Sensory Processing with support of specialist Occupational Therapists Charlotte O’Reilly and Nicola Johns
2. Behaviour and Communication – strategies to unpick the root cause of sensory related behaviour
3. Sensory and Anxiety- How they are related and what can you do to help at home with specialist Occupational Therapist Nicola Johns
4. Managing challenging behaviour- Creating Sensory friendly environments
5. Building Social Skills at home- strategies to aid social skills and emotional resilience
Attendees were able to make their own resources in the second half of the session these included, visual schedules to support young people with transitions, emotional checklists to help young people manage their emotions, calming boards and sensory toys to aid sensory regulation. During sessions parents learned how to use these tools to support their children in the home and support them with day to day tasks.

30 parents took part in the programme with 10 attending each workshop.

<table>
<thead>
<tr>
<th>4. How did you measure the impact of this project? How did your achievements compare with what you set out to do? (methods, any pre and post measures, your theory of change, learning, barriers)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Our original idea was to have parent’s complete evaluations after the course had finished. However, we decided that what would be more useful would be to have parents complete a Target sheet right at the beginning of the course and a target evaluation at the end to measure the impact more effectively and individually. At the end of each session we spent 10-15 minutes reflecting on what had been learned and asked parents to feedback about each topic by completing a short feedback evaluation form. As well as this, we worked with Chris Jukes to evaluate the impact on parents Well-being and Emotional Mental Health, and were able to collect a small sample of data which indicated improvement in these areas after the completion of the course this was further validated in the target evaluations completed by the attendees.</td>
</tr>
</tbody>
</table>
### 1. Example of our target sheet.

<table>
<thead>
<tr>
<th>Name of presentation/workshop</th>
<th>Level of knowledge</th>
<th>Level of understanding of Sensory Processing Disorder</th>
<th>Level of skill</th>
<th>Personal targets and goals</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Excellent - 4</td>
<td>Good - 3</td>
<td>Little - 2</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Working - 3</td>
<td>Sufficiently - 2</td>
<td>None - 1</td>
<td></td>
</tr>
<tr>
<td>Taught - 1</td>
<td>Not applicable - 0</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

- How well do you think you can manage your child's behavior?
- Do you think your child's behavior is affecting your personal wellbeing?

Please tell us what you would like to gain by the middle of this course.

Please tell us what you would like to gain by the end of the course.

Please indicate any specific concern you have or any context that you would like to learn about.
5. What went well?
All of the participants indicated that they had met their expected targets, and had benefitted from taking part. Parents also met other parents and were able to share advice and network during the sessions. Parents have indicated that this was the largest benefit for them personally, and that they often felt that although PAN disability organisations exist, having a child with ADHD and ASD presents its own unique set of problems and they often felt isolated as a result.

6. What could have been better?
We ran the programme one day a week for six weeks, which not all parents were able to do. On reflection a condensed programme over three days would probably be more manageable and less disruptive to parents and children. This also meant that we had to help catch parents up who had meetings or appointments that could not be rescheduled and this became time consuming and sometimes confusing.

On further reflection, it is clear that a larger budget would be needed to make maximum impact and allow us to use other specialists to input into the programme.

7. What were the results (outcomes) of your project?
Sen Talk reached all the targets set out in the initial application. We have facilitated three six week courses to 30 parent’s carers, with at least 120 beneficiaries – but this is not including the educators that will also benefit from the incorporation of techniques and skill at home. 15 parents have gone on to receive specific support from Sen Talk in relation to their children’s health and well-being successfully with many continuing to attend and access our service.

14 parents completed beginning targets and end of programme evaluations.
85% parents strongly agreed that their knowledge and skill had increased during the course
15% parents agreed that their knowledge and skill had increased

Attendee’s comments on ‘What did you like about the course?’ included:
“more sessions like this help us as parents to understand and feel like I am not alone”
“Meeting others in the same situation. Best practice. Useful websites”
“Clearly presented, I came away having learned a lot!”
“There was plenty of time for both the material to be covered and discussion”
## 8. How has this project helped you to sustain your work with disadvantaged communities?
Through running these courses we have had 15 attendees register with the organisation and their children are now attending specific sessions gaining support around social and emotional regulation. We have also had an increase in voluntary contribution from parents and have increased our growth 6-fold since last December. Sen Talk has now entered phase two of operation, recently being highly commended for our unique training programmes at the Wandsworth Business Awards and being awarded a mains grant from the Lottery to build capacity over the next two years allowing us to make a bigger impact within the communities. We are planning to deliver more support to families who speak English as an additional language.

## 9. What benefit did your organisation or your beneficiaries get from you attending Thinking Partners, the CCG AGM?
Attending the Thinking partners group was a good opportunity to meet other like-minded organisations and share knowledge and expertise in an environment where the aim to improve health and wellbeing in the community. There was somewhat confusion as to where we were expected to attend but luckily, were able to attend a few meetings and certainly benefited from learning about existing and developing work.

## 10. What are the health and wellbeing priorities of your beneficiaries?
Parent and carers are in need of specific support around their own emotional health. The set of difficulties that can arise from caring for a child with special educational needs is unique and in our current political climate exasperating. It is imperative that organisations skilled specifically working in Autism and ADHD are able to support parents emotional needs as well as the physical challenges faced by education and healthcare.

## 11. What recommendations do you have for how health services can be improved? Please indicate, if known, which level of health or social care the recommendations apply to. For support with this please see the National Involvement Standards to support your thinking.

**National Level (Strategic)**
Strategic plan to support Autistic and ADHD children and young people, to include mandatory training to allow mainstream education to successfully support children with their needs. There is a current Autism Strategy due to be launch in 2019 supported by the National Autistic Society. However, ADHD is one of the most common childhood conditions, but yet there is such little information available and even less understanding within the mainstream.
Clinical Commissioning Group
GP surgeries should have good practice training to support the understanding of neurodiversity to allow children with Autism and ADHD access all healthcare services fairly. This should include the understanding that not all disabilities are visible and children with ‘higher functioning’ conditions still require support with receptive and expressive communication. This concerns both children with Autism and ADHD. An example of a frequent difficulty is children with communication difficulties being immunized. Children with Autism struggle to understand the concept and are fearful of the procedures. I have discussed this at length at the Thinking Partners November meeting. Additional resources should be available to help children to understand the procedure.

Counselling services, workshops specifically looking at these parent/carer cohorts. How to manage their stress and anxiety.

Local Authority – Council
Offering Autism Inclusion Training to raise standards of inclusion. This should include Wandsworth Borough Council workers especially frontline staff that will come in contact with parents and children regularly. An example of this amendment would be suitable quiet spaces within the Town Hall.

Service provider (Operational)
Offering Autism Inclusion Training to raise standards of inclusion.

Your organisation / group
Increasing our offer to pre-diagnosed children and those identified as with social communication difficulties.
Increase in-school interventions and relationships.
Increase parent/carer packages to support parents support their children effectively.
Work with health organisations to increase and share skillset to improve outcomes for children with Autism and ADHD.

Individuals
Raise awareness on inclusion, opposed to the generic focus on integration
Self-help and self-management for parent carers and children
Community Grants 2017/18
FINAL REPORT

12. Please add anything else that you would like the Clinical Commissioning Group to know about your project and where possible include quotes, photos and stories about your project and its beneficiaries. (The CCG may use these materials on social media/online to promote areas of good community practice.) See above in outcomes.

Please return your completed report by Monday 17th December 2018 to:

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