When should we start the conversations?

Pathway

Preschool - HV making sure there's a handover.

earlier the intervention the better. take concerns seriously and earlier. not wait and see

Echo - prior to school age - HVs and staff in hospital - making them consistent - follow up continual families. Relationship is key.

It's so important - BM&F had many risk factors. social care in first 3 years, main focus was on social care safety elements. But there was 3 years of missed opportunity.

reviews need to be built into a pathway. Early on - need ot be loking out for them

Midwives needed to be better informed and have those conversations. pass on to health visitors

made a note to pass that information to secondary school

HV staff - delivering different news - this is much better personal opionion

give them time to process - I'll come back. MAST have weekly meetings so can come back with next steps and can offer.

one parent writes to every organisation to explain what her child is like but it's free text. Perhaps need a form like a template

Ask - how will be decided. who and when?

In primary school, have those conversations already. Perhaps best to have them nursery,

As early as possible from HV, some of them won't realise/pick up that conversation in their appointments, some prenatal conversations - take place,

can we develop relationships between midwifes HV and social care and parents

share the form with us which you have for school

No conversation at time to look at the signs. If you did, then it could go from midwife to to HV-Portage-one page profile - with needs and would stop repeating the story every time

redbook - could this be included in there

working together with schools - is really important

My thoughts similar. In primary school, signing, for all children. Devlis advocate - might have some doing those things, but actually some parents not doing that. Not taught at foundation and thinking about having those conversations

no real indication as a baby, and was only until 3 when started to pinpint real issues. If brain building marketed at all parents, and no markers then you might have a bit more impact.

apart from if acute illness, and GPs not normally see them until school probably. we need a system which can hold information on that group. and have enhanced follow up- should be more than 2 year check especially for those who really

perhaps we need to focus or do it differently with parents who aren't so engaged.

Maintaining relationships is really important. Can't recognise his feelings sometimes and never slept. So having someone help you all the way will help you identify those changes.

Burngreave area and parsons if children flagged up in 1 year then go on intervention - funded by save the children. rolled out to others. Focus on S&L six week programme. explore play learn, then go to 4 weeks and then

how you have them - its a bout timing, some schools. Having one point of contact for parents - would be helpful. Is it nurseries or HV. Its about who to have them.

information regarding SEND disconnect and don't pass information across services and only may be picked up at annual review.

when we work with new parents, we go in blind rather than those families we know. some receptive, some know, perhaps a drip feed of info before primary school would be helpful

keep that information. How can they keep that information when probably thinking about a million things. Just need a summary, Might not have contact with professionals for a long time and may forget to talk about it

struggled to find support for us - and when got it, didn't have the neuro stuff in there, it was mainly MAST stuff.

having a process in place. Mash letter with form

rely on parents for information to be passed to us at primary school. rather than any other service until something goes wrong

How/Who do we have those conversations

Can we test something out within autism in schools project

give parents time to process - I'll follow up. MAST have weekly meetings so can come back with next steps and can offer support.

Midwives needed to be better informed and have those conversations. pass on to health visitors

need to capture social care foster/looked after kids.

It's so important - BM&F so many risk factors Known to social care in first 3 years, main focus was on social care safety elements. But there was 3 years of missed opportunity. came at 5 and 1/4.

redbook - could this be included in there

what would help, having a list to ask at that point would be helpful

In primary school, have those conversations already. Perhaps best to have them nursery,

offically all schools need is name address dob

working together with schools - is really important

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need to be direct and clear

direct and honest and make conversations

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parents appreciate honesty

Whether you ar parent or a professional, ho supported do/c you feel when a need or vulnera was first identif in a child or young person?

Other workstreams

paperwork goes missing between ADHD/ASD

lost information -

Does feel that diagnosis is the door to access

Ryegate was the key

It did give me access

couldn't access parenting classes as during work time

Got help from Cerebra. Had early years information and access to information and support.

WORKSHOP 1 MARCH

do even before referral.

Who to go through first -

If professional could have come forward and help you about how to start the process

need to understand what's going on, to prepare. getting whatsapp groups with other parents, need hand holding.

Need to support parents right at the beginning. As there may be some signs. look at prevention.

GP referral and general referral

GP - signposting, not much time to do more

Push to get GP referral. Doing PPP course now. Support

It wouldn't have mattered what GP says

slow start to get diagnosis as moves around. When started to ask - hoops had to be jumped, needed GP and school backing. Go through MAST worker

Not all GPs are familiar with the female signs of autism. GP didn't refer daughter as he said she had eye contact.

There's not enough information to help staff have honest conversations with families and then supporting them to that diagnosis.

siblings already diagnosed

Referred by speech therapist, parent knew as older brother, so younger son was picked up early enough

When early signs showed in younger brother had experience to push referral

Education and Transition

nursery didn't want to do the referral - we identified it early, did the my plan, private nursery said too early to look at referral

complex needs - at primary school but need to start identification in nursery.

didn't really think to look out for signs as early as nursery, but saw needs in primary school.

diagnosis came in secondary care after early identification in primary school at 5.

primary school is a nurturing environment but needs gets worse in transition to secondary as it is a different environment

Can schools share the referral

need honest and open conversations between schools and parents.

Behaviours and Expectations

health visitors and early years are keen to make sure we have 2 year check, but needs to be a better process. Can say anything in the health check.

there's an expectation that parents can manage it and actually they might not.

Frontline staff in other settings

SLT in the social care team - so can do some identification

youth justice - can do screening then refer to CAMHS officer. It feels like the referral gives the parents a gold bar when get that offer

What should be in place for children in the care system - what's the role of social workers,

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Training

dwives have very
tle training in
urodevelopment
ce qualified in my
opinion. Midwives working in community have a significant amount of safeguarding training

Transition for Secondary School staff

Multi-agency training

Primary Care

HEE training for All professionals?

how to support staff and parents and children•

training for all staff about vulnerabilities,

developing and delivering the new resources.

ensuring that flow of information crosses all the transitions for children