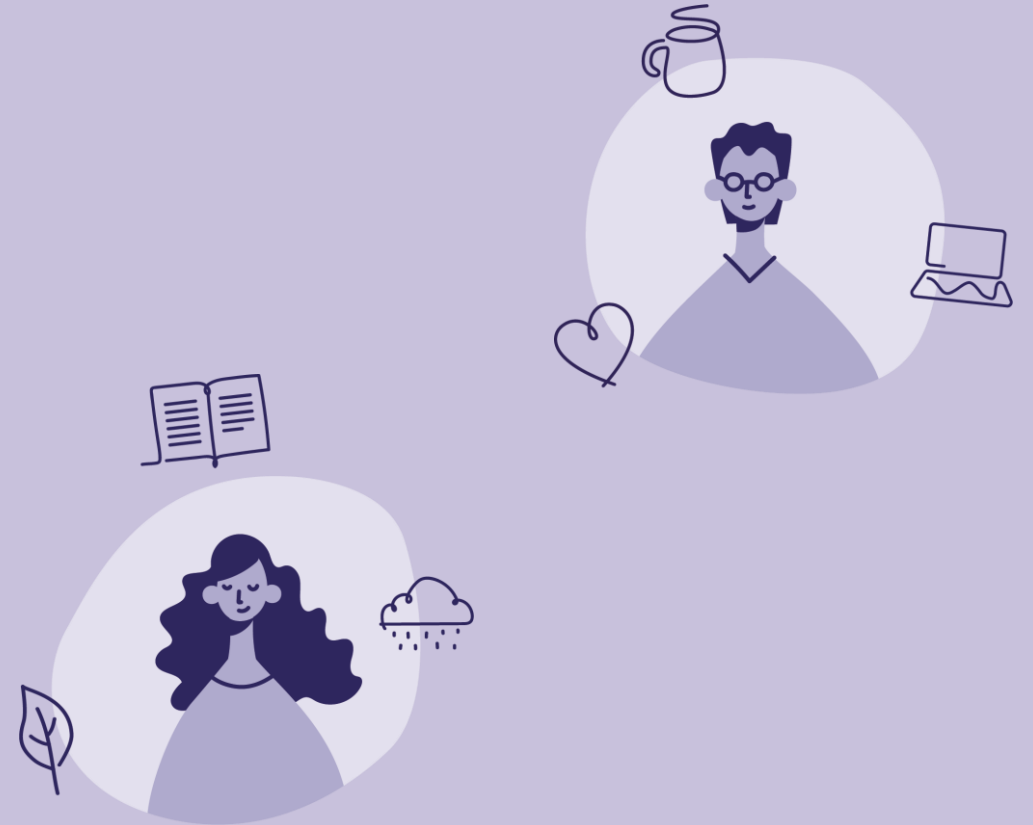


BMDC Supporting people who are neurodivergent





Background

Local Government &
Social Care

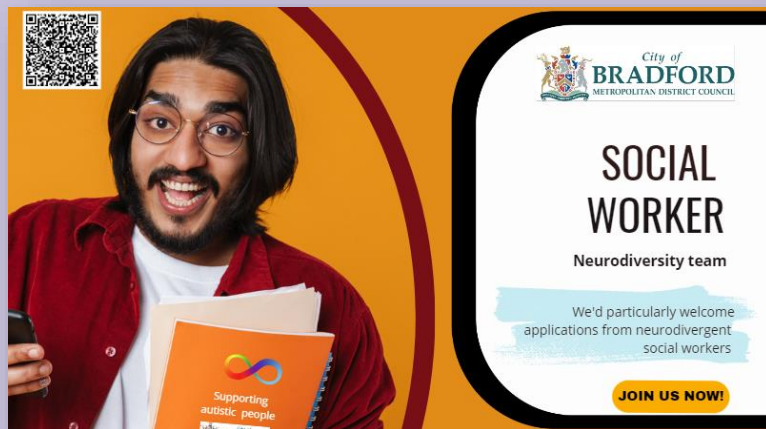
OMBUDSMAN

- Failed to assess promptly, provide the assessment in the appropriate format, delays in providing services needed.
- train staff adequately, ensure use of advocates and provide a carers assessment.

“ [Bradford Council] could not decide which team should assess him because he had autistic spectrum disorder and no learning disability or mental health condition.”



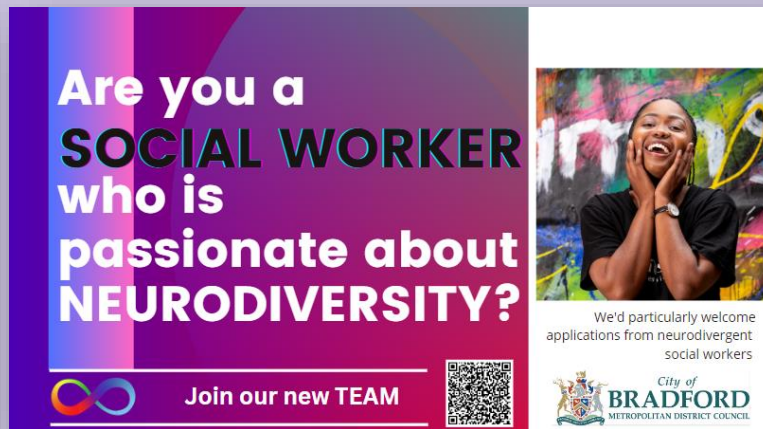
Creating the right team.



SOCIAL WORKER
Neurodiversity team

We'd particularly welcome applications from neurodivergent social workers

JOIN US NOW!



Are you a SOCIAL WORKER who is passionate about NEURODIVERSITY?

We'd particularly welcome applications from neurodivergent social workers

Join our new TEAM



WANT A ROLE THAT MAKES YOU FEEL THIS EXCITED?

RECRUITING SOCIAL WORKERS

Join our new Neurodiversity team.

We'd particularly welcome applications from neurodivergent social workers



WE WANT YOU

RECRUITING SOCIAL WORKERS

Join our new Neurodiversity team.

We'd particularly welcome applications from neurodivergent social workers

- Create something different, that could provide better outcomes for autistic and neurodivergent people requiring social care.
- Involved people who will be drawing on the service in the recruitment.
- Promoted the role to neurodivergent SWs – 3 or the 6 team are neurodivergent and 2 have close family members



Purpose and criteria

- The overall focus of the Neurodiversity Team is to work with people to enable them to live a good life, by working in a neurodiverse friendly way to understand the person, their strengths and what is important to them.
- The team work creatively, to find solutions to make a positive impact on people's lives.
- The Team work within the legal framework of the Care Act 2014, providing a two-pronged approach to support and guidance for neurodiverse people.
- **Providing Information, advice on well-being. Preventing increasing need and access to services.**
- **Often the relationship is the intervention. Slow social work**
- **Care Act assessments and access to paid services.**



Purpose and criteria

People we can support

- People who are over 18 (we may be able to support people who are 16-18 on a case-by-case situation) and who are experiencing substantial difficulty due to their neurodivergent needs.
- People whose main area of support relates to a neurodivergent condition.
- People who do not already have a substantial support package in place funded by health or social care.
- People who are waiting for a diagnostic assessment.

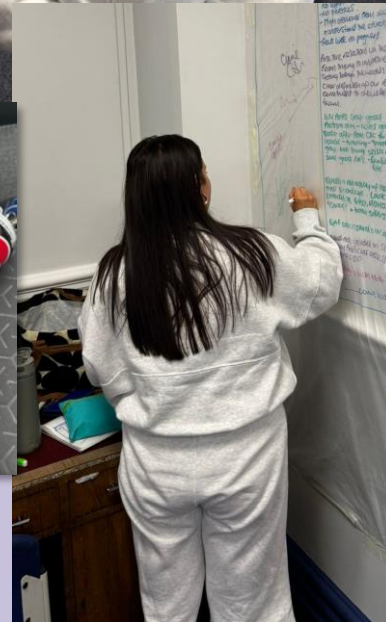
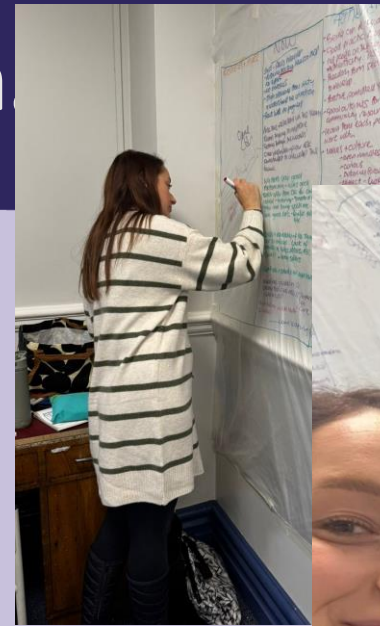
People we cannot support

- People with a diagnosed learning disability
- People with a severe and enduring mental illness
- People who are approaching 18, who have an EHCP and a substantial package of support.



How we work as a team

- Developing team
- Reflective team supervisions
- Team review
- Ongoing learning
- Open about challenges



What we've learnt so far

- Clarity of role – and purpose of the team.
- Growing demand for support from people with ADHD.
- Lack of services within the district.
- Numbers of people who are “stuck”.
- Support needed to get over bumps.
- High levels of trauma and mistrust in professionals.

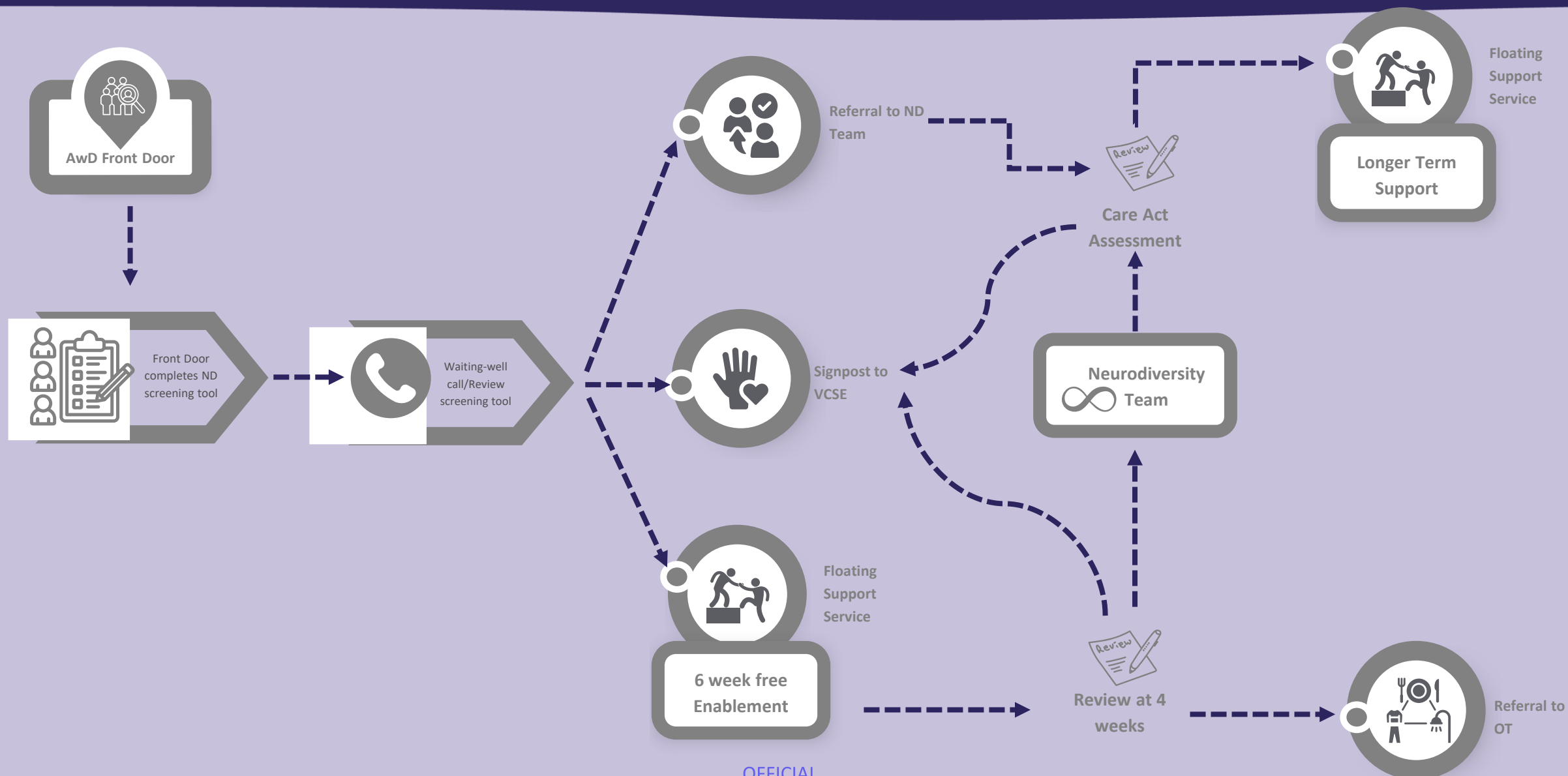


What's next

- Improved service co-production and review..
- Improved working with our diverse communities.
- Improved liaison with diagnostic services and health provision.
- Stimulate the OT offer.
- Improved joint working with mental health.
- Promoting understanding of ND across the department.
- Floating support
- Person Centred Planning Pilot

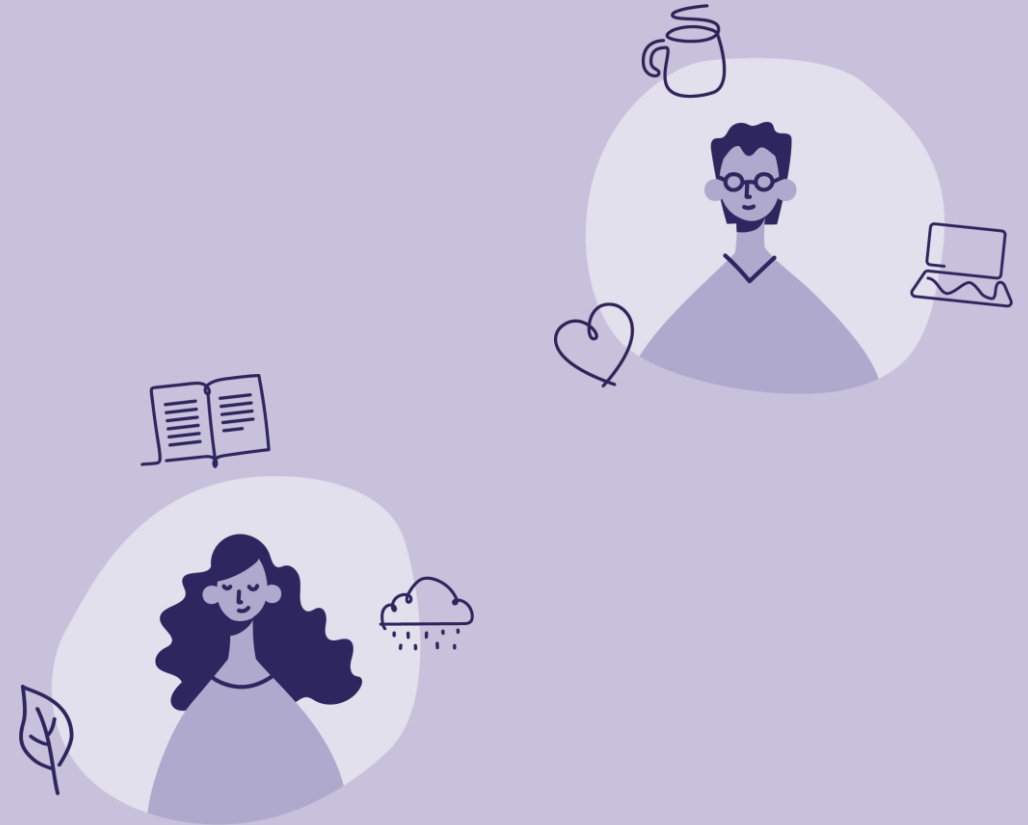


Emerging Local Model: Neurodiversity Team



Thank you for your time.

Any questions





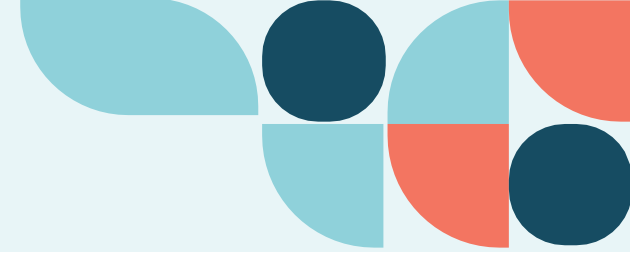
Changing Futures

Adults Care and Wellbeing

March 2025



Sheffield



Sheffield is known as the "City of Seven Hills" and is surrounded by beautiful countryside and parks, boasting the most trees of any European City.

Sheffield is historically renowned for its steel industry, playing a vital role in the Industrial Revolution. In the 20th century, the decline of manufacturing has led to the diversification of the city's economy.

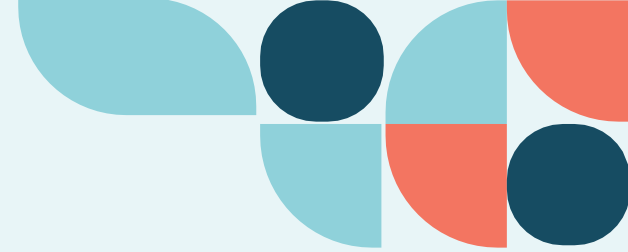
Sheffield is ranked in the 20% most deprived cities in the United Kingdom and the 3rd largest city in the UK (excluding London and metropolitan inclusions) with a population of over 556,000 (2021).

74.5% of people in Sheffield identified themselves as “White: English, Welsh, Scottish, Northern Irish or British”. (Census 2021) .

Sheffield has a youthful demographic driven by its student population with 57% of residents between the age of 18-64 and 14.5% over 65.



Changing Futures Programme Overview



- Sheffield received £5.37M from the Ministry of Housing, Communities and Local Government (MHLCG) and The National Lottery Community Fund (TNLCF) for the Changing Futures Programme (2021–2026).
- Definition of Multiple Disadvantage: Experiencing 3+ of the following – homelessness, substance use, poor mental health, contact with criminal justice system, or domestic abuse, leading to increased risk of harm.
- 3,000 individuals identified in 2021, though likely an under-estimation.
- In 2024, services saw a 40% increase in people accessing support who met Multiple Disadvantage criteria.
- 25% of Sheffield's Domestic Abuse Related Deaths (DARDs) linked to Multiple Disadvantage.



Multiple Disadvantage Strategy & Programme Delivery

South
Yorkshire
Housing
Association



CRANSTOUN
Empowering People, Empowering Change



Sheffield Health
and Social Care
NHS Foundation Trust



Paradigm Psychological
Services Ltd

vas
supporting community action

Beneficiary Experience & Case Study

Cohort Supported (2022-2025):

- 147 individuals supported, with 51% female and 49% male.
- Main support needs: Mental health, substance use, and homelessness.
- Age group: Mostly 26-45 years old.

Case Study: A beneficiary with a history of childhood abuse, mental health issues, substance use, and homelessness.

Support: Housed, engaged with mental health services, and stabilized through Changing Futures' interventions.

Successes: Abstinence from substances, improved mental health, maintained tenancy, and increased social participation (e.g., DJing course).

"She understands... she's been through things as well in her life." – Florence

"They took me out for a meal and got me a card... not had a card before." – Savannah

"I just know that I'm not on my own, I'm not alone." – Florence

Cohort 1 & 2: Individual Outcomes

Cohort 1 (2023-24):

- Street homelessness & sofa surfing: 42% decrease in episodes and 51% decrease in days.
- Substance Use: 53% reduced substance use, 69% of opiate users & 55% alcohol users engaged in treatment.
- Mental Health: 52% with Serious Mental Illness (SMI).
- Criminal Justice: 23.5% reduction in convictions; 21% reduction in victimization, and 11% increase in perpetrator offenses.
- Health & Safeguarding: 46% decrease in ED visits, 73% reduction in safeguarding contacts.

Cohort 2 (2024-25):

- Significant improvements in housing (50% increase in LA tenancies), substance use (44% reduction), and offending (50% reduction).
- 35% experienced SMI and acquired brain injuries; 35% accessed mental health support.
- Safeguarding & social care: Initial increase in contacts and safeguarding episodes.

Service & System Change: Key Impacts

Commissioning Changes: Inspired a shift in mindset about user involvement, encouraging services to adopt Changing Futures' approach.

Referrals & Pathways: Mental shift towards understanding and accepting people with multiple disadvantages, with better trauma-informed practices.

Workforce Development: Increased collaboration and multi-agency working across services in Sheffield, leading to better integration and understanding of multiple disadvantage.

System-Level Impact:

- **Data Sharing:** Enhanced collaboration with police, A&E, probation, and social care, improving support through data-driven approaches.
- **New Policies:** Successful workstreams on cuckooing and vulnerable women; new risk management protocols and accommodation access.

Lived Experience & Co-Production



Impact of Lived Experience: Co-production has led to major improvements in service design, ensuring services are more responsive to the needs of people with multiple disadvantages.

Cultural Change: Lived experience associates have reshaped how services approach user participation, shifting from consultation to true co-production.

Long-Term Legacy: Co-production has driven cultural change in Sheffield's services, with local organizations now focusing on integrating lived experience into their operations.

Future Commitment: Sheffield City Council committed to employing lived experience associates and increasing their participation across service design.



REACH Project

Emily Crowe – REACH Partnership Coordinator


REACH Project

- Reducing
 - Exclusion for
 - Adults with
 - Complex
 - Housing needs
- A 3 year service to provide dedicated units and intensive and community support to people who are currently homeless or likely to be made homeless due to a range of social and long term health needs including; mental health/substance misuse, physical health needs or because of their criminal activity or anti-social behaviour.





Reason why we needed something different

- Homelessness isn't a single issue
 - Multiple disadvantages
 - Need for partnership working
 - COVID highlighted the impact of health inequalities
- 

Model:

NYC – team co-ordination, homeless support and intervention.

TEWV – Clinical Leadership, MH assessment, formulation and intervention

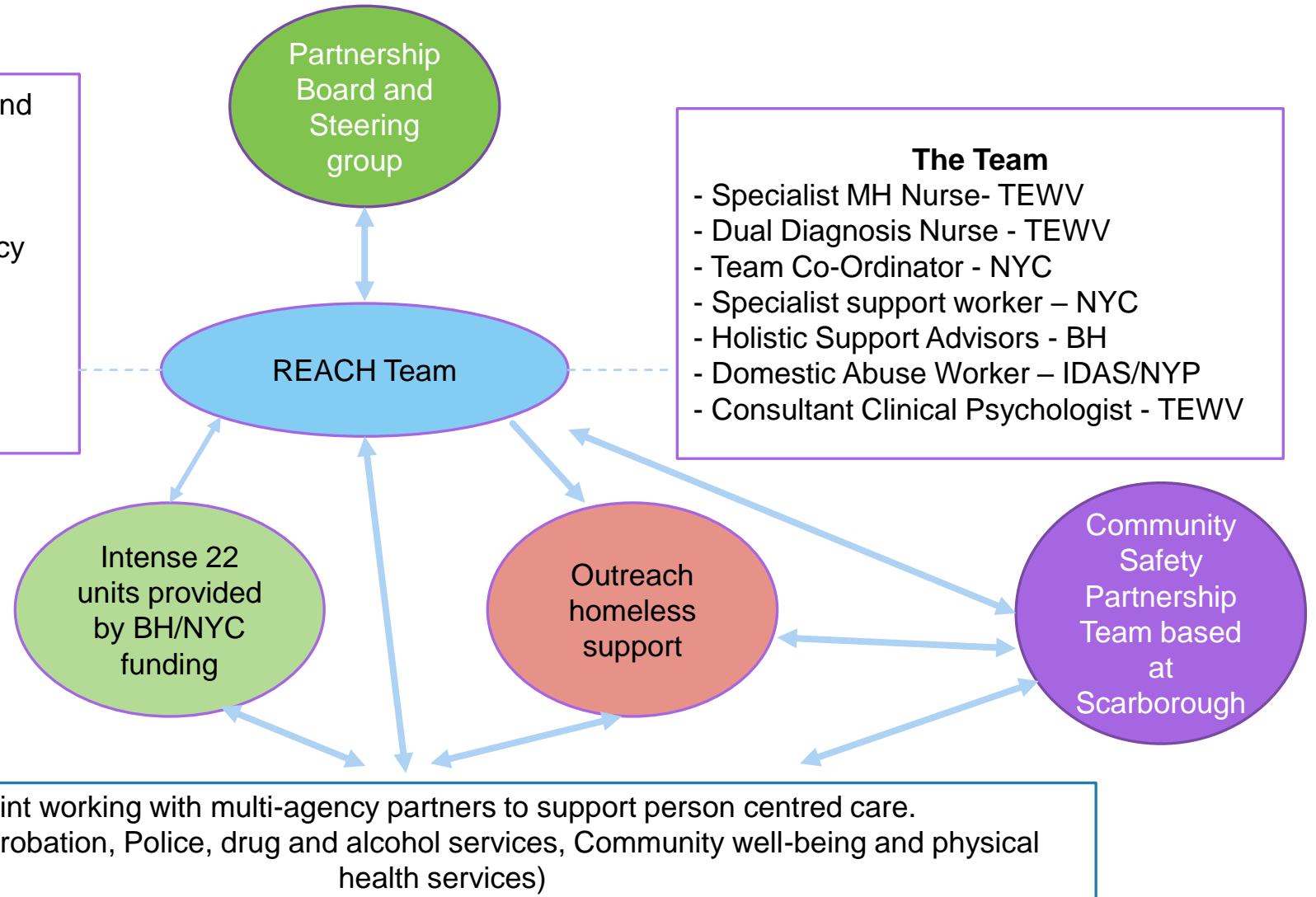
Beyond Housing – Holistic support and tenancy management

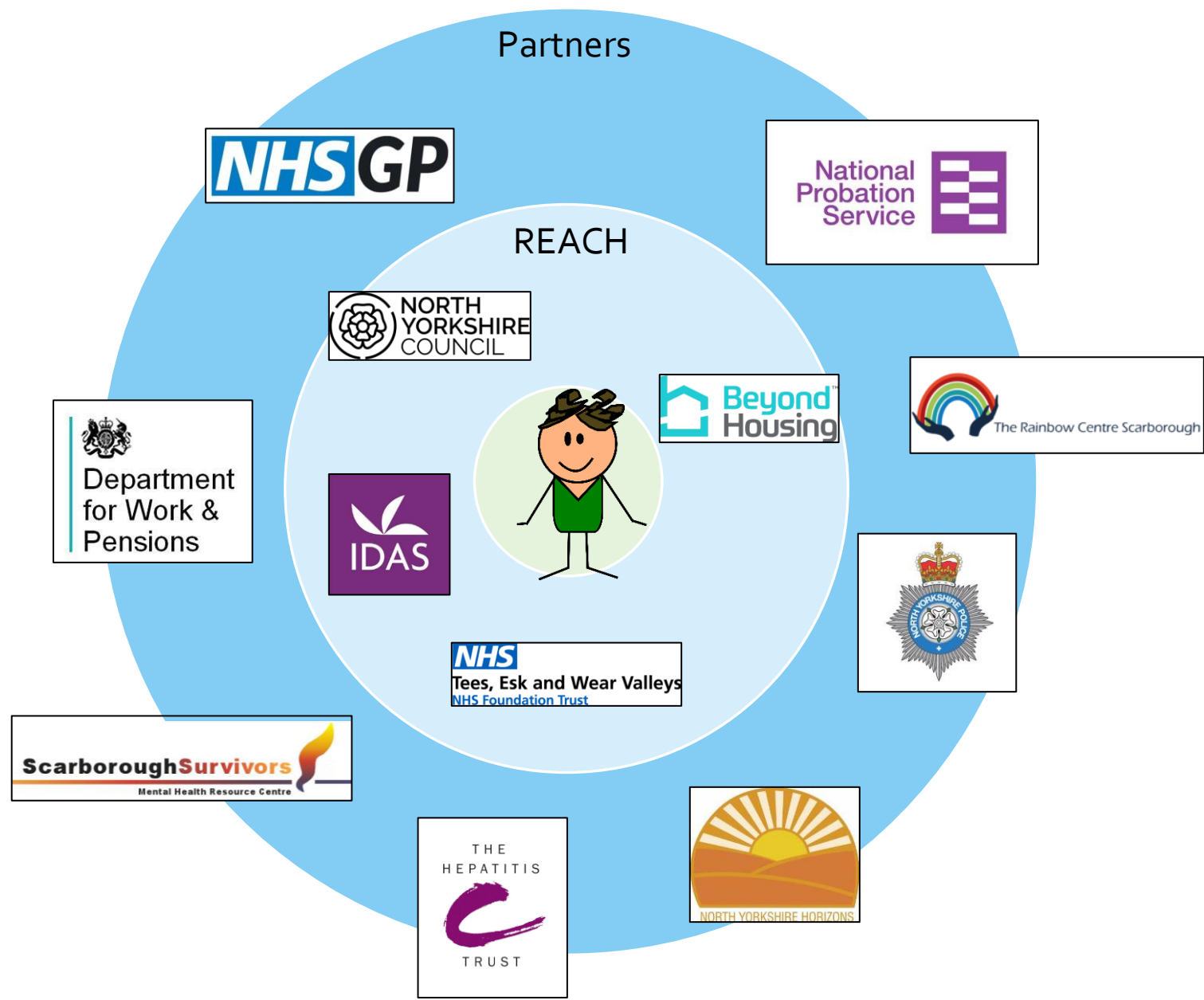
IDAS – Domestic Violence and Perpetrator, assessment and intervention

NYC – Social Care Needs Assessments, Safeguarding, Consultation

Person Centred Assessment using adapted.

- Multiple Disadvantage Index /The Chaos Index





The Stance of REACH:

- Shared team stance of working
- Psychological and Trauma informed
- Principles of engagement and relational focused interventions.
- Strength based focus for person and team.



Donaldson S., Sweeting, B., Croall, R., & Loveless, E. (2023)

Successes and Learning

- Working in partnership – both strategically and clinically
 - Strength based approaches at person, team and strategic level
- Clear referral, assessment and intervention models across partners
- Advocating and challenging stigma and biases within complex systems
- Growth and innovation from learning in times of lesser success

Questions



Wakefield Council - Power of Digital

Neil Secretan



wakefieldcouncil

Contents

- ASC England
- Wakefield Journey
- Digital Solutions
- Digitally Powered Future



ASC England

TSA (TEC State of the sector 2024 report):

- 434,000+ people are waiting for a care assessment
- 12-13,000 patients remain in hospitals in England with no criteria to reside (1 in 8 general and acute beds)
- 6.7 million increase in 75-85 YOs by 2028
- 9.9% of adult social care posts are unfilled
- 1 in 3 older carers have felt overwhelmed by the care and support they provide
- £4bn budget gap for local authorities in England for the next two years just to maintain current services



Wakefield's Journey

- Basic, reactive portfolio provided to a handful of people
- SLT sponsorship and investment to deliver transformational change
- “Technology first” culture change
- VCSE and community engagement
- Person centred approach



Digital Solutions

Analogue to digital switch over

12 new technologies trialled in 2024

Utilising existing tech and support networks

GPS tracker / falls detection

Lifestyle monitoring

Smart home technology

Smart watches, devices and apps

Reminder devices

A Digitally Powered Future for Prevention

- Empowerment through the provision of data
- Greater accessibility & awareness virtual - house
- Greater use of existing technology
- Integrated roles & health / SC sharing of data
- Utilise behavioural monitoring for those service users most vulnerable
- Greater use of AI in supporting outcomes



Questions?