Meeting the needs of neurodivergent children, young people and their families: the West Yorkshire collaborative approach

IPC Knowledge Exchange Webinar

September 30, 2025

Institute of Public Care

- Part of Oxford Brookes University
- We work with central and local government, the NHS, charities and commercial organisations
- Our aim is to make a positive impact on people's health and wellbeing
- We place high value on showcasing and 'sharing approaches that work' with colleagues. This webinar is part of our annual knowledge exchange programme.

Programme overview

Welcome and Opening the event – Haroon, Barnardo's

Introduction to the WY Keyworker Service – Yasmeen Sharif, Programme Manager, Barnardo's

The West Yorkshire model: the keyworker learning so far – Claire Atkinson, West Yorkshire ICB Statutory Health Lead

The voice and influence of children and young people – Marie's and Haroon's story, Barnardo's

Wider keyworker approach

- Keyworking Practice leads – Sam Cresswell, Barnardo's
- Neurodevelopmental Family Navigator Service – Rachael Garbus, Children's Services Manager (Interim)
- Neurodevelopmental Connections Service – Rachael Garbus, Children's Services Manager (Interim)
- Bradford Psychology Service – Sandra Renga, Consultant Clinical Psychologist, Barnardo's

Findings from the learning & evaluation partnership – Agnes Turnpenny, IPC

Bringing it back to our children, young people and families: lived experience – Jordan's story

Barnardo's commitment to keyworker provision: Reflections from Nadine Good, Director Children's Services North, Barnardo's

Key contacts

Changing childhoods.
Changing lives.

Welcome and opening the event

Haroon

BARNARDO'S Changing childhoods. Changing lives.

Introduction to the West Yorkshire Keyworker Service

Yasmeen Sharif, Programme Manager, Barnardo's

The West Yorkshire Keyworker Service – Timeline

West Yorkshire Keyworker Pilot commenced

November 2021

Lived Experience Team Established

November 2022

Keyworker Practice Leads established Neurodevelopmental Family Navigator Service and Third Sector Grants launched

July 2023

Neurodiversity in Schools Work and Youth Forum & Parent Carers Work launched

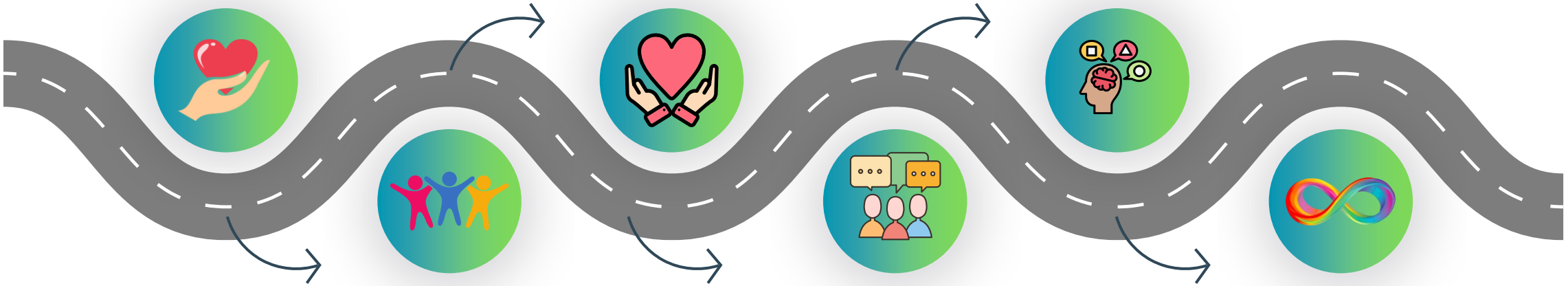
July 2024

Bradford Psychology Service launched and development of Assistant Keyworking

February 2025

Neurodevelopmental Connections Service Launched

March 2025



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The West Yorkshire model: the keyworker learning so far

Claire Atkinson - West Yorkshire Keyworker Health Lead

West Yorkshire Health and Care Partnership
Mental Health, Learning Disabilities & Autism

West Yorkshire Keyworker Service
Consistent Responsive Bespoke

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West Yorkshire Keyworker Service (WYKWS)- WYKWS Purpose & Strategic Vision

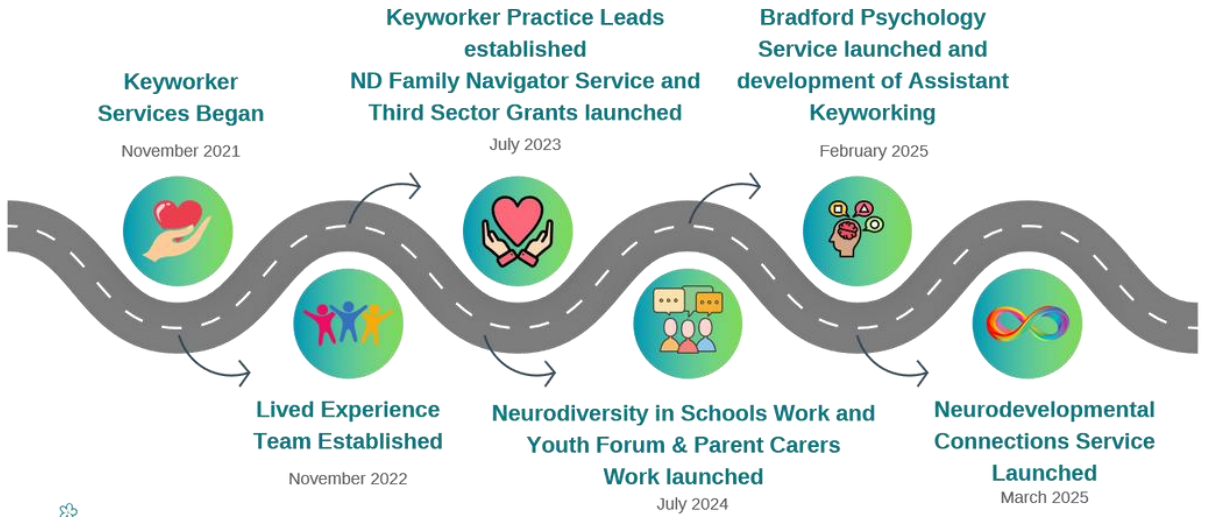
National Mandate: Developed under NHS England's Keyworking Programme, WYKWS launched in November 2021 to address systemic failings in the support of autistic children and young people with learning disabilities at risk of mental health inpatient admission.

Local Mission: To reduce unnecessary Tier 4 admissions, provide personalised crisis support, and ensure children, young people and families have their voices heard across health, social care and education.

Scope: Works with children and young people aged 0–25 years with a Autism and/or LD.

Partnership Model: Barnardo's is commissioned as lead delivery partner, working in close alignment with health, local authorities, CAMHS, schools/colleges, and voluntary organisations.

WYKWS Timeline and Growth



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Mental Health, Learning Disabilities & Autism

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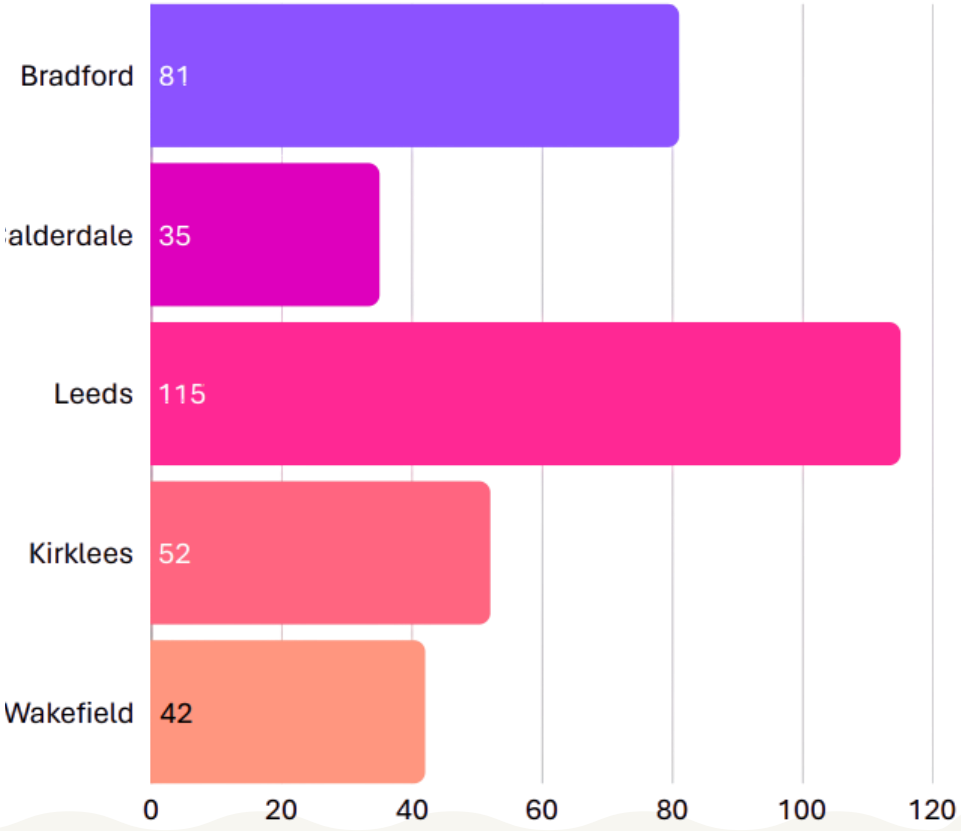
WYKWS: November 2021 to April 2025 : Referral Locations

WYKWS received 325 referrals via the DSR referral pathway via all places across West Yorkshire. By area, the highest proportion came from Leeds (35.4%), followed by Bradford (24.9%). Kirklees (16.0%) Wakefield (12.9%,) and Calderdale (10.8%).



Area	Referrals (0-25) WYKWS	Referral Rate per 10,000	Youth Population (0-25)	% Youth (0-25)
Calderdale	35	5.67	62,224	29.5 %
Wakefield	42	4.07	105,827	28.78 %
Bradford	81	3.88	198,641	35.24 %
Leeds	115	4.05	295,072	34.91 %
Kirklees	52	3.71	142,281	31.77 %

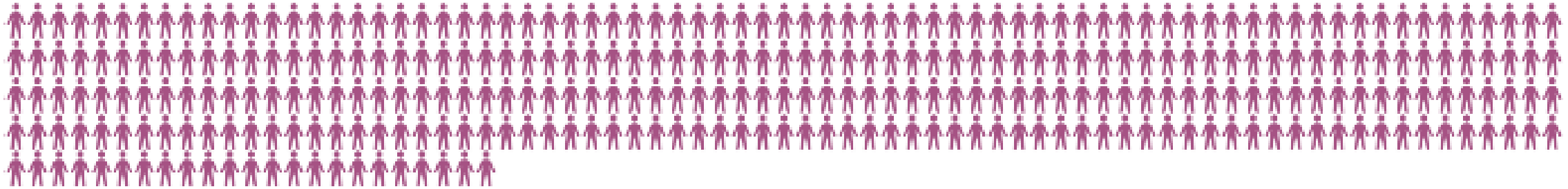
When these figures are considered in the context of local population profiles for young people aged 0–25 years, a fuller picture emerges.

Calderdale, despite having the smallest young population it recorded the highest referral rate Wakefield also had a relatively high referral rate with its modest youth population.

Leeds and Bradford showed similar referral rates, with Kirklees recording the lowest rate.

WYKWS: November 2021 to April 2025 : Demographics

A total of 325 referrals received via the DSR Pathway



BIRTH MALE 62%

BIRTH FEMALE 33%

PREFER NOT TO SAY 5%

PRIMARY DIAGNOSES

AUTISM & LD 37.2%

AUTISM 49.8%

LEARNING DISABILITY 12.3%

NOT RECORDED 0.6%

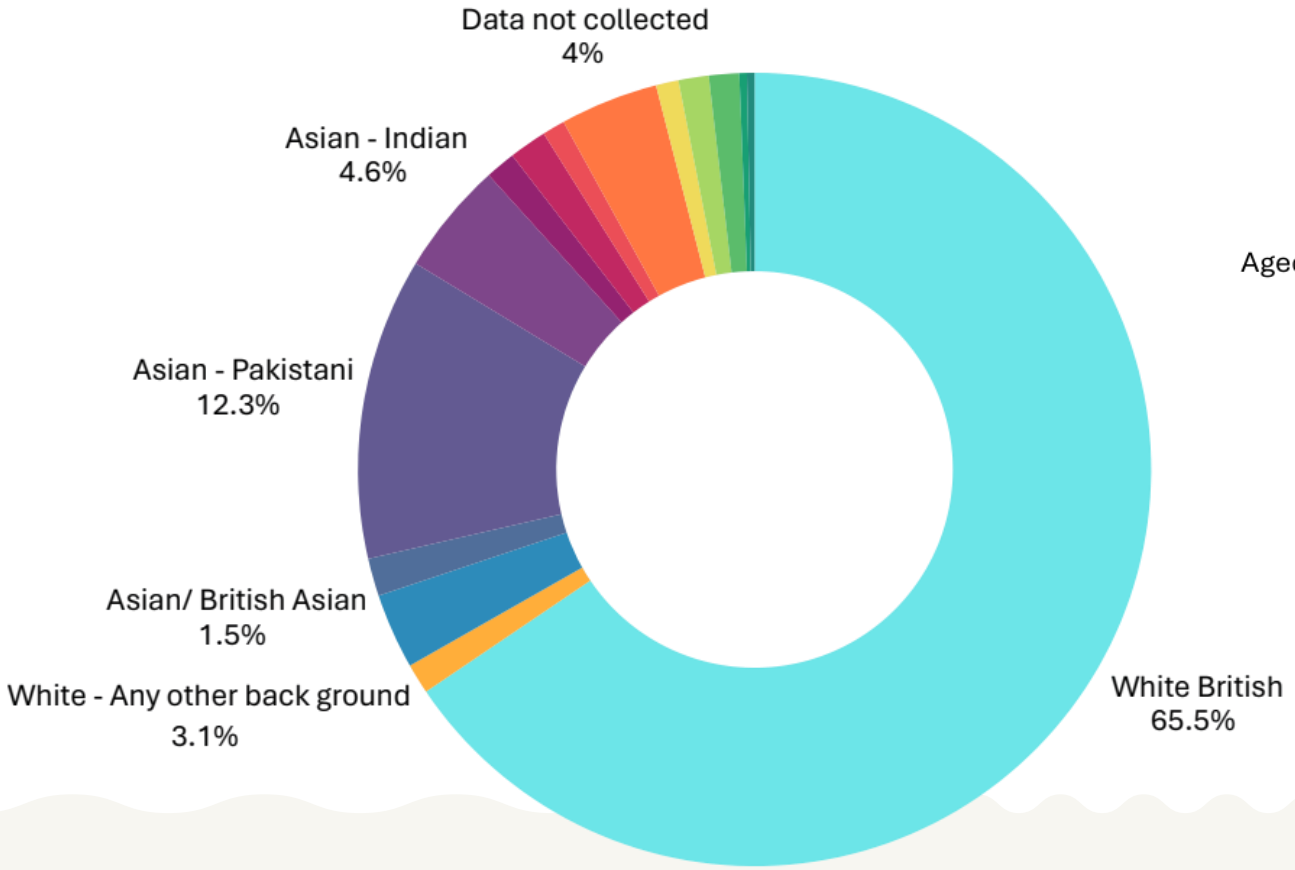
AVERAGE AGE: 16.01 YEARS

Average: 7.2 Day Allocation from Referral to Initial Contact

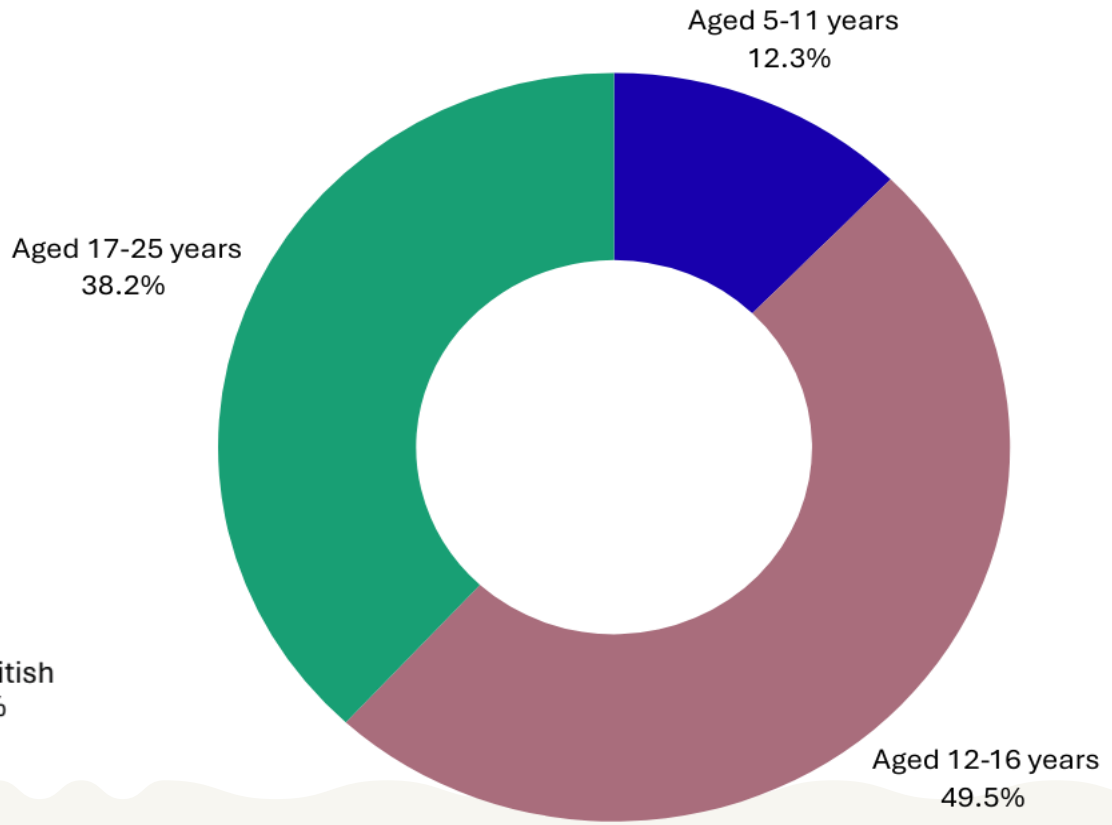
Zero Waiting List Achieved and Sustained

WYKWS: November 2021 to April 2025 : Demographics

WYKWS: 325 Referral – Ethnicity



WYKWS: 325 Referral – Age Range at Referral

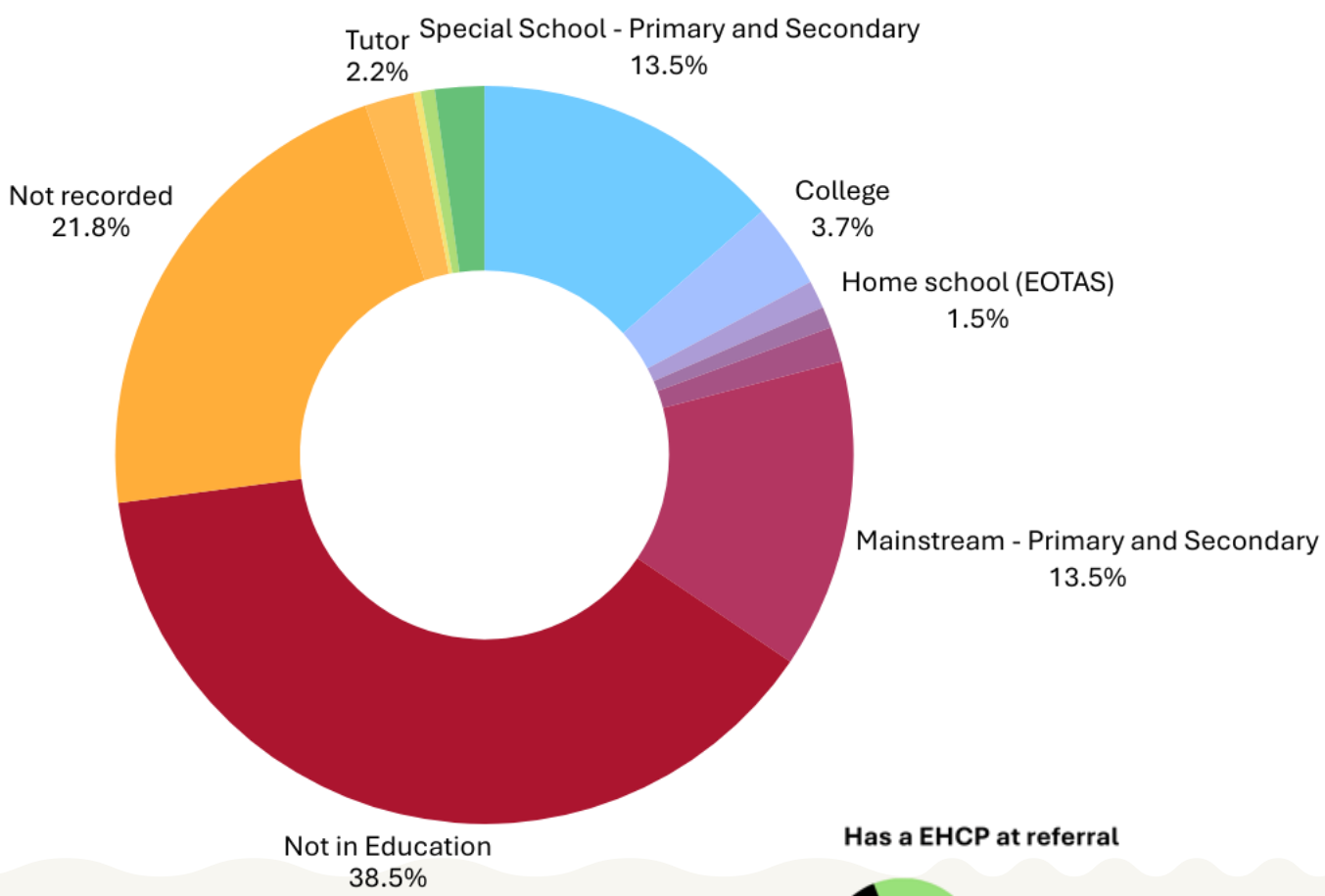


OVER THE AGE OF 12YRS 80%

BARNARDO'S

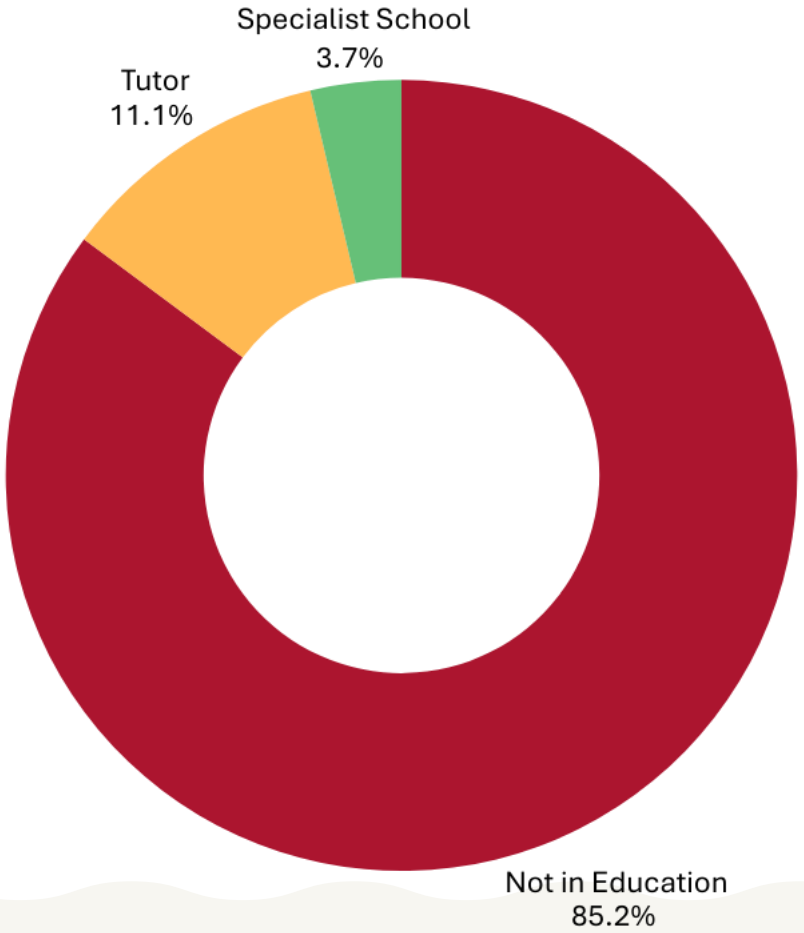
WYKWS Educational Setting : November 2021 to April 2025

WKYS: 325 Referral – Records Educational Setting



Has a EHCP at referral

WKYS: 27 Referral s BLUE RAG rated– Records Educational Setting



WYKWS - Duration of support

November 2021 - April 2025

DSR Referral to WYKWS

42 Referral received - 428.68 average days of support

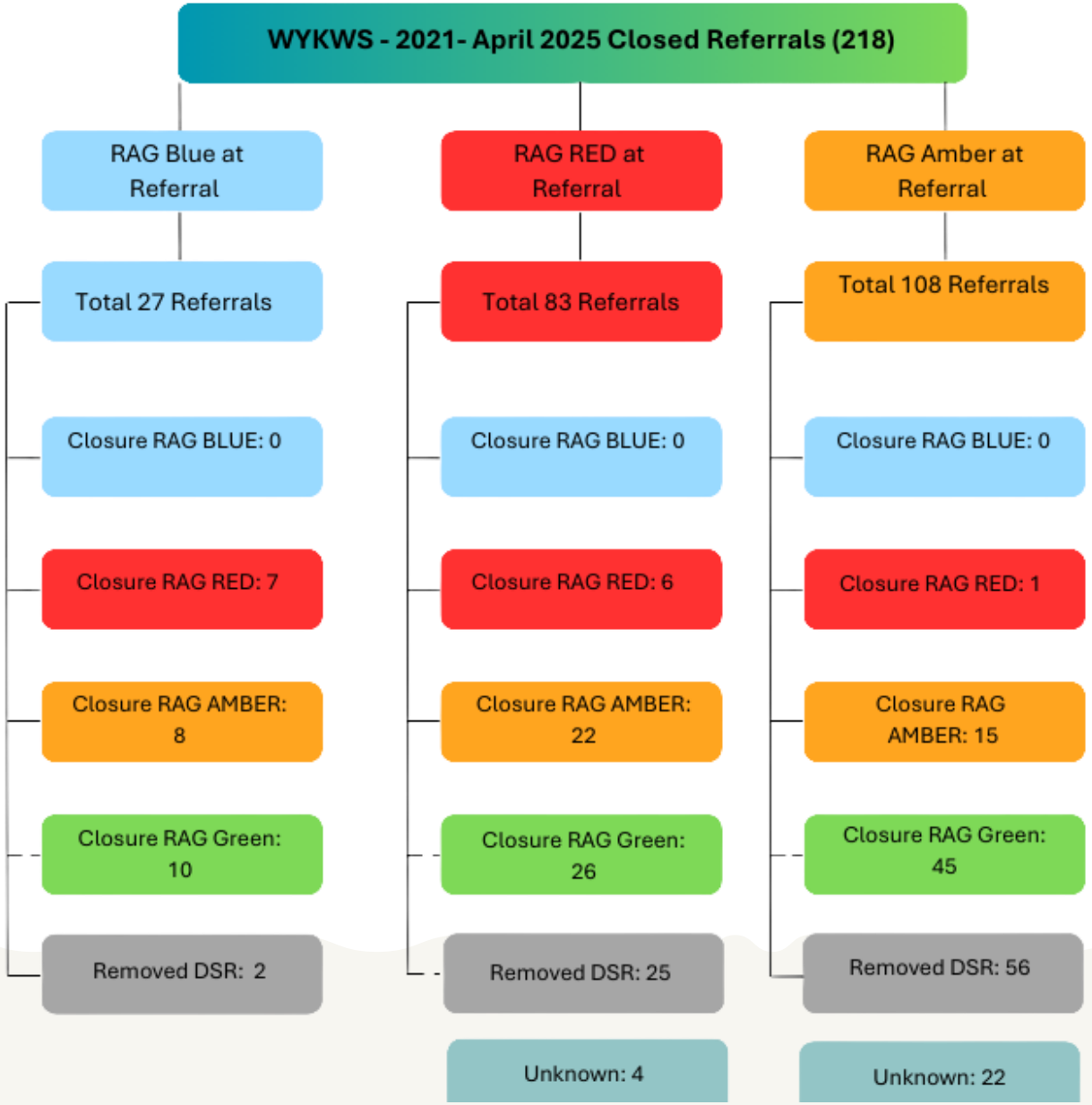
117 Referral received - 358.33 average days of support

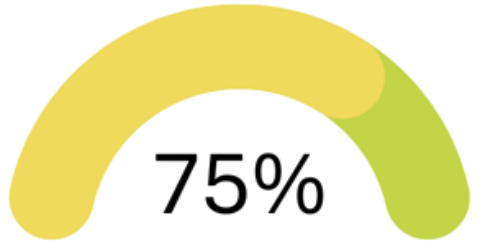
156 Referral received - 319.4 average days of support

10 Referral received not recorded *WYKWS acknowledge these are CYP that are green they have been asked to support*

WYKWS: November 2021 to April 2025 :Outcomes - DSR RAG Rating at Closure

WYKWS received 325 referrals via the DSR referral pathway 220 are now closed to the service – 1 CYP removed consent (blue) 1 CYP died of natural causes.





Referrals closed at either Green or Removed from DSR

WYKWS: November 2021 to April 2025 :Outcomes - DSR RAG Rating at Closure

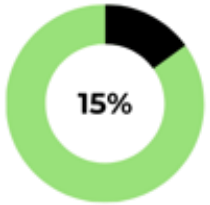
Has a EHCP at referral

57%

Has a EHCP at Closure

75%

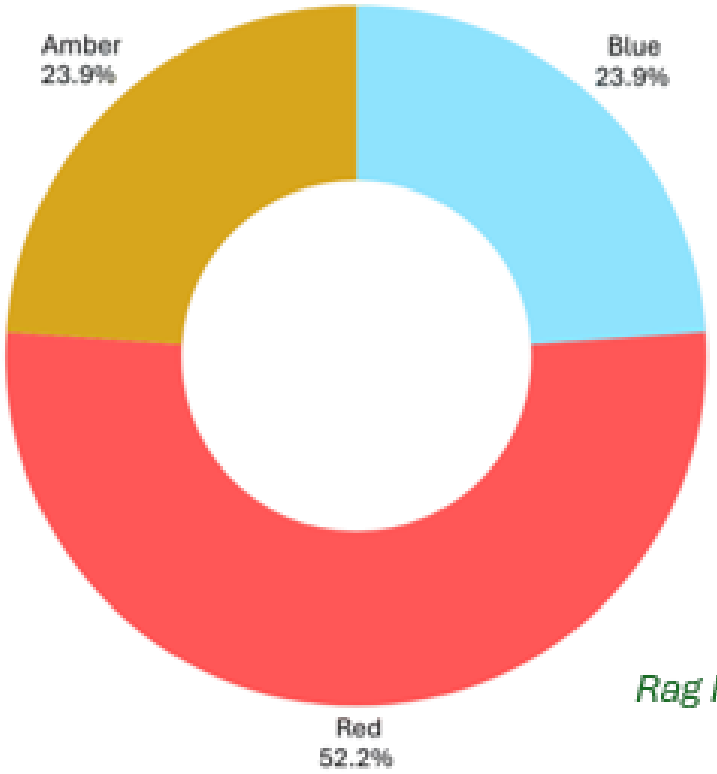
Has a CETR at referral



15%

Had a CETR at Closure

44%

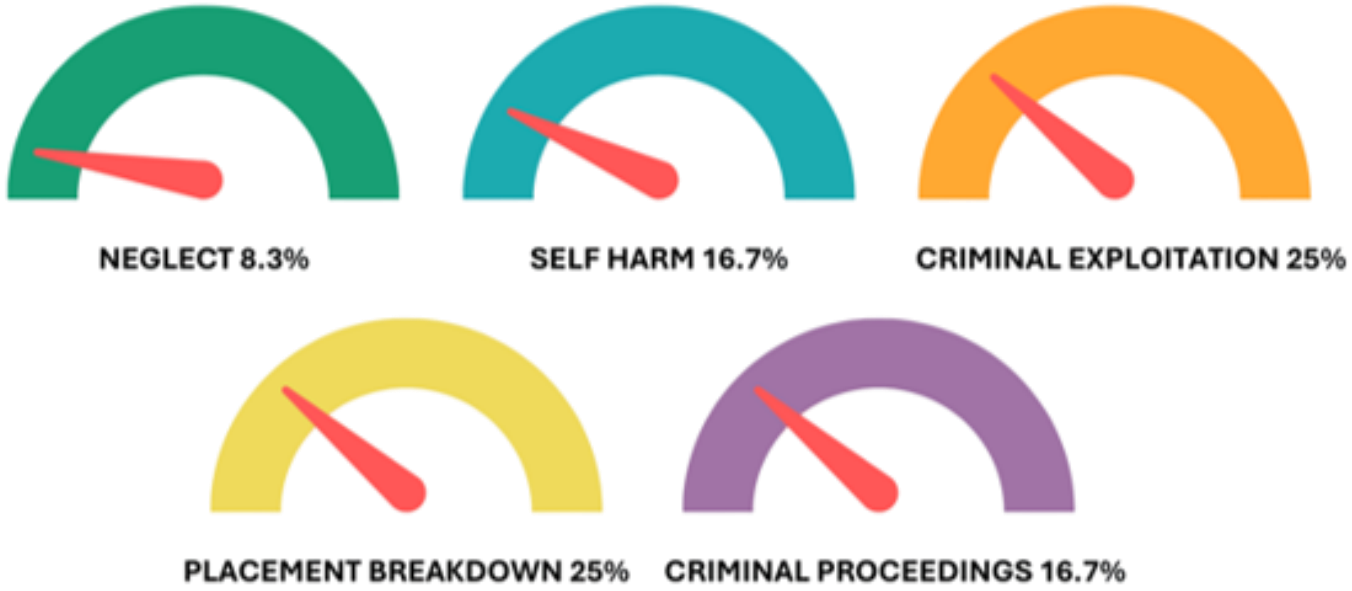


Rag Rating for CETR CYP

WYKWS: November 2021 to April 2025 :Outcomes – Safeguarding Snapshot of High-Risk Register July 2025:

Snapshot of High-Risk Register July 2025:

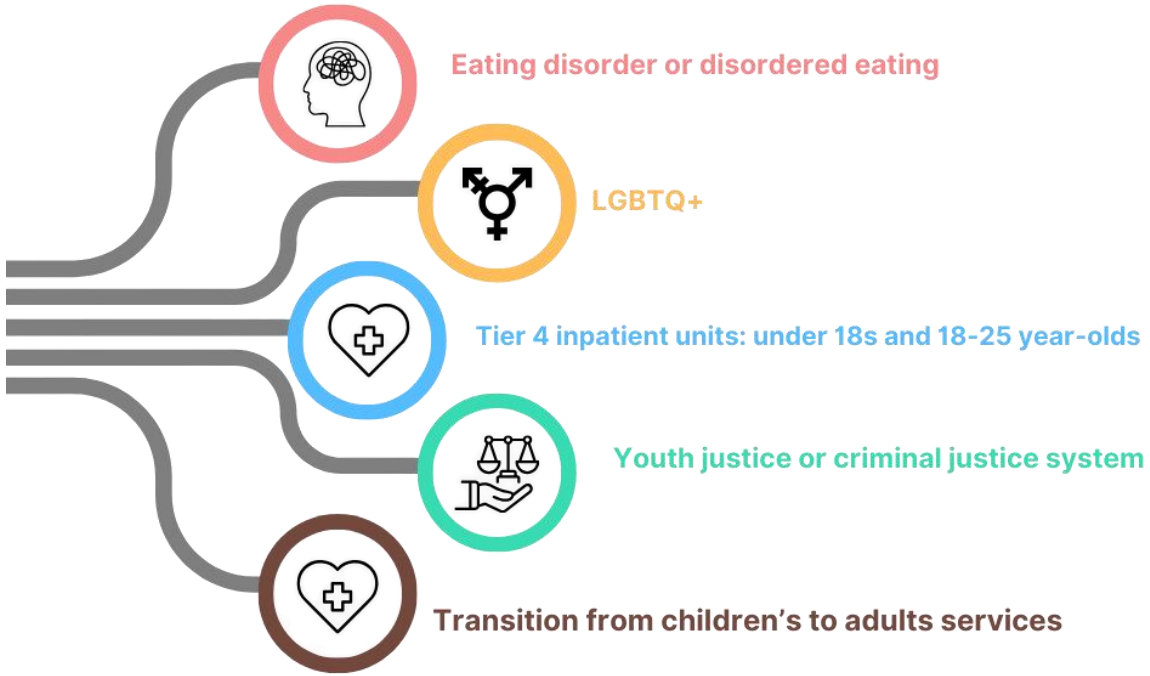
The data below shows the percentage of young people being monitored on the high risk register as of July 2025.



Data from a recent six-month period (Jan 2025 – July 2025) indicates:

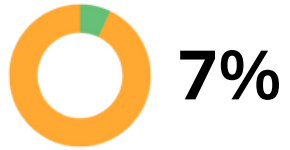
- 253 Child Protection referrals or concerns formally reported and recorded
- 67 young people with at least 1 Child Protection referral or concern recorded with Local Authority.
- 52 young people with more than one referral or concern recorded with Local Authority .

WYKWS: November 2021 to April 2025 :Outcomes – Lead KW:

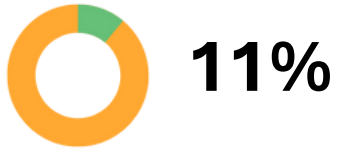


27 Young People RAG rated Blue at referral

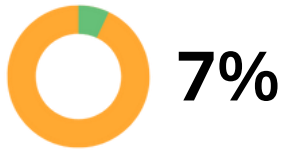
Recorded LGBTQ+



Recorded Trans



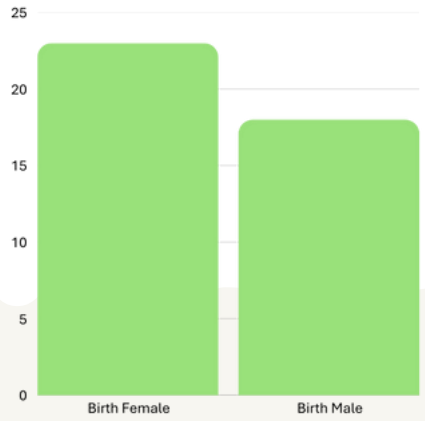
Care Experienced



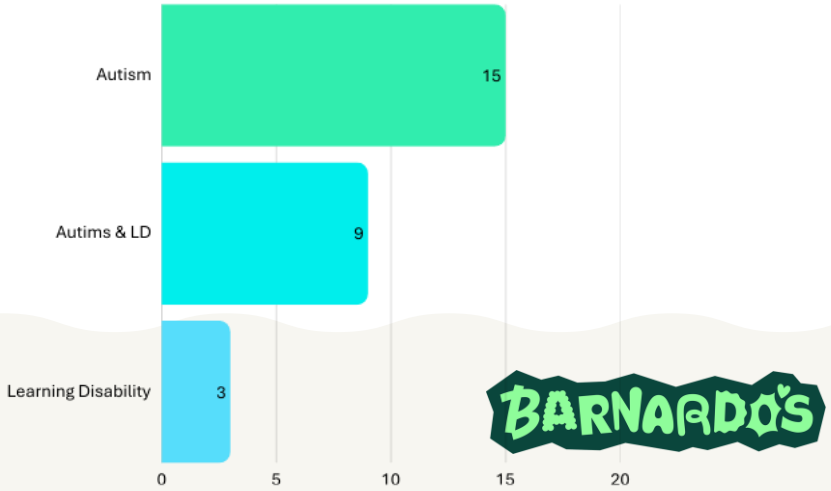
Youth/Criminal Justice involvement

Recorded Disordered eating/Eating disorder

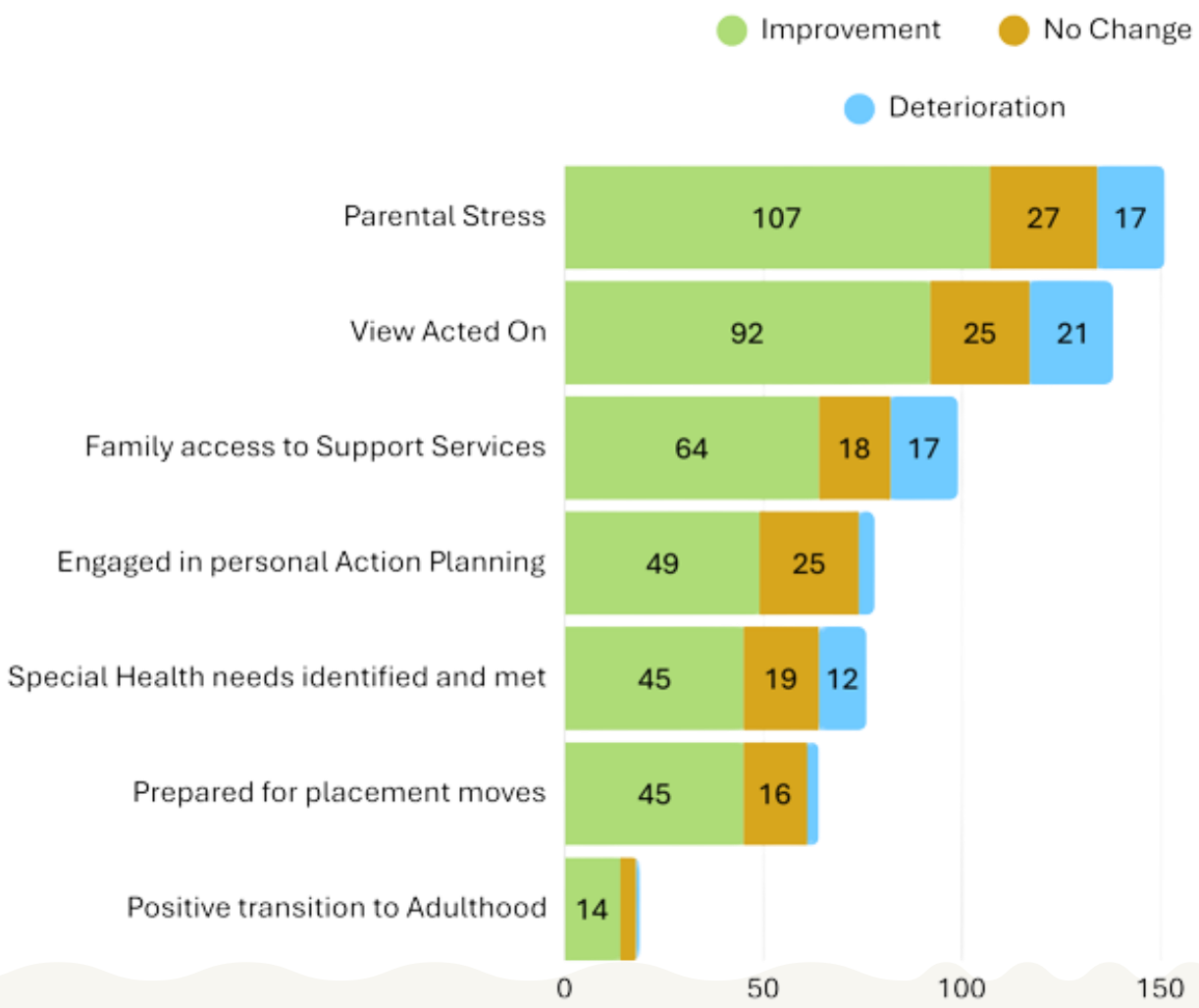
Birth Gender



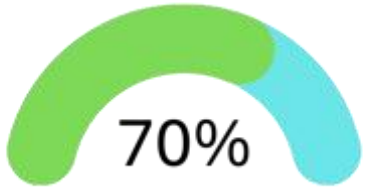
Primary Diagnosis



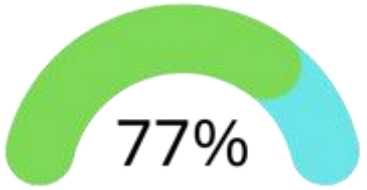
WYKWS: November 2021 to April 2025 : CYP/ Family Outcomes



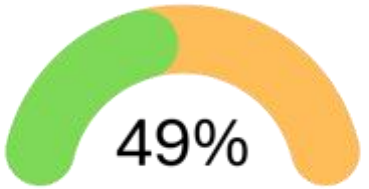
Family Accessing Appropriate Benefits : At Referral



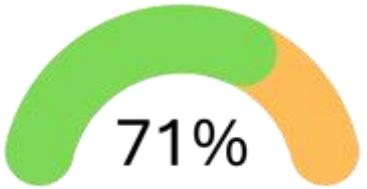
Family Accessing Appropriate Benefits : At Closure



Young Person Accessing Community : At Referral

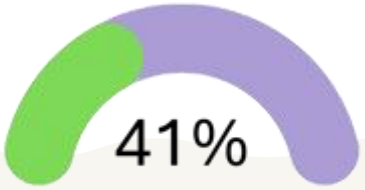


Young Person Accessing Community : At Closure



Young Person Accessing Short Break : At Referral

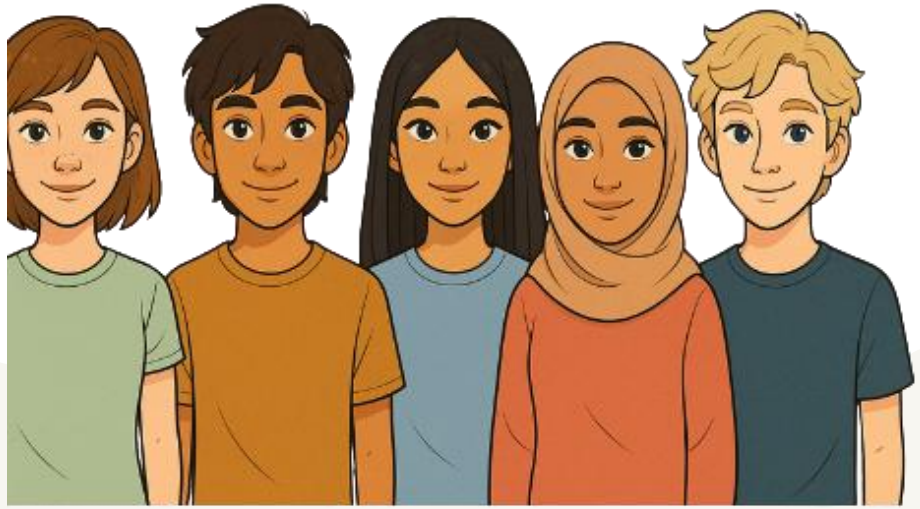
Young Person Accessing Short Break : At Closure



WYKWS: November 2021 to April 2025 : CYP/ Family Outcomes

Young Person Life Satisfaction - At Referral

Young Person Life Satisfaction - At Closure

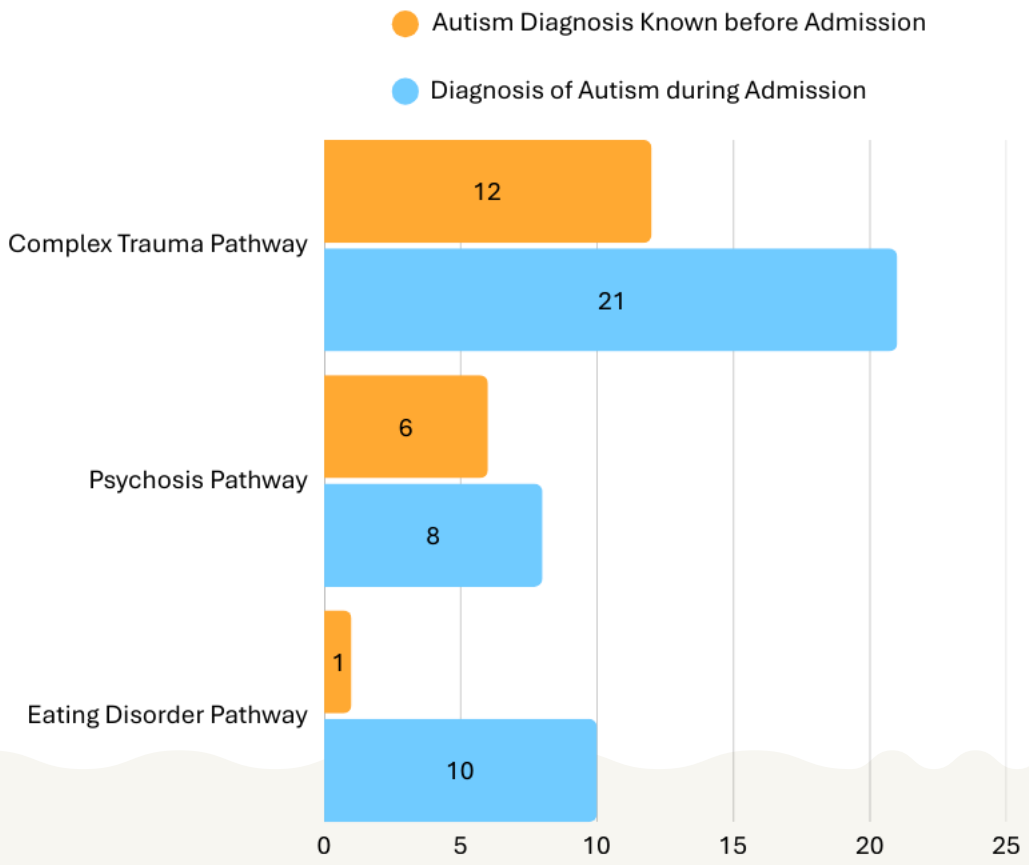


Parent Carer Life Satisfaction - At Referral

Parent Carer Life Satisfaction - At Closure

WYKWS: November 2021 to April 2025 : Red Kite View Inpatient Insight

Red Kite View Data April 2022 to July 2025



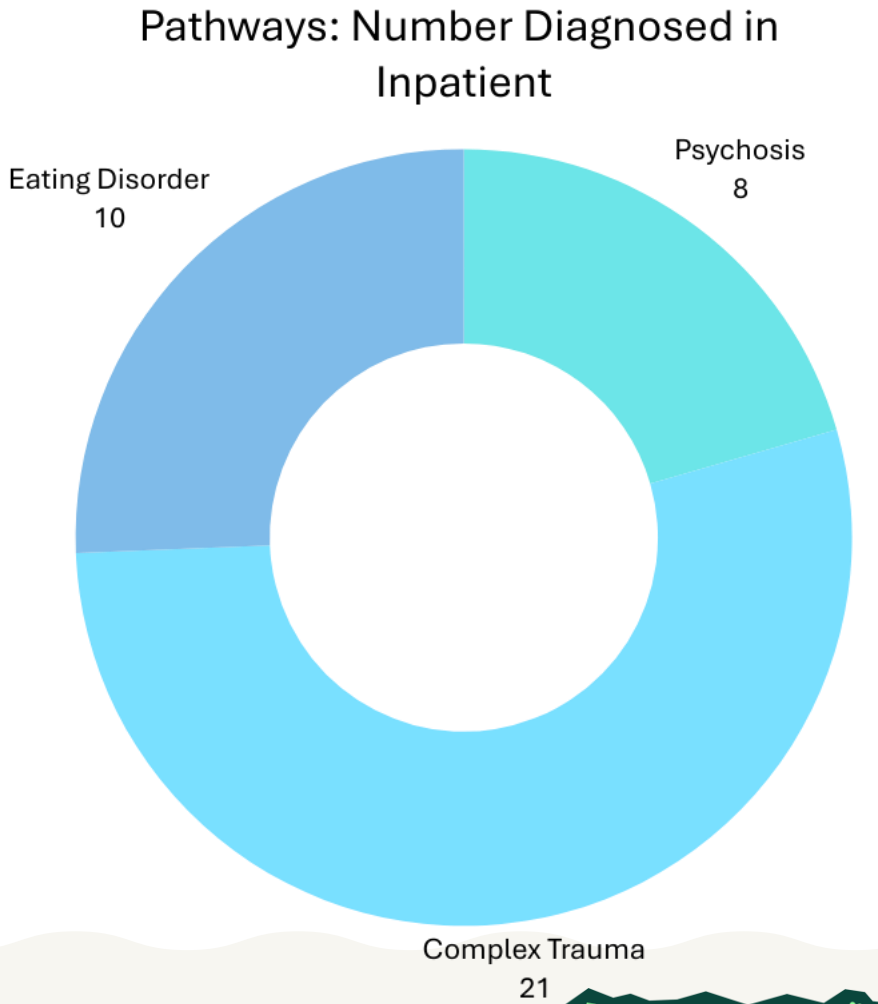
At Red Kite View the average length of stay for a young person admitted with an existing autism diagnosis is **110 days.**

For those who receive a diagnosis during their admission, the average length of stay increases to **151.5 days**

39 Lost Opportunities to Support Young People Preventively

WYKWS: November 2021 to April 2025 : RKV Inpatient Insight

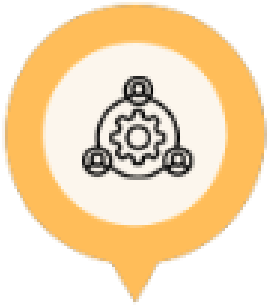
Age	Total Inpatients	Diagnosed in IP	% Diagnosed	Birth Female (Red Kite View)	Birth Male (Red Kite View)
13	3	3	100%	1	2
14	10	6	60%	5	1
15	10	8	80%	6	2
16	14	10	71.40%	7	3
17	21	12	57.10%	6	6
Totals	*58*	*39*		*25*	*14*



WYKWS: Strengths

ACCESSABILITY

No waiting list, fast average start time (7.1 days).



WORKFORCE INNOVATION

Responsive to local need and innovative solutions that add value to the objective of supporting the reduction in Tier 4 admissions.

FAMILY-CENTRED APPROACH

Builds trust, reduces escalation, and empowers parents.

CO-PRODUCTION

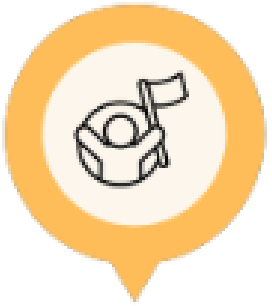
LEE team ensures service design is informed by lived experience.

ADVOCACY

Ensures children and young people's voices shape plans.

IMPACT ON ADMISSIONS

Prevents unnecessary admissions, supports discharge planning, enhances statutory provision.



INDEPENDENT CHALLENGE

Offers independent challenge for parent/carer and young people

WYKWS: Challenges and Gaps

Funding Stability - Reliance on short-term annual allocations limits workforce retention, planning, and service innovation.

Transition Gap - 40% of referrals age over 17 years. Are WYKWS getting involved too late?

Education Large numbers disengaged from education; insufficient pathways to reintegration.

Workforce Pressures- Difficulties recruiting nsd retaining staff on short term contracts

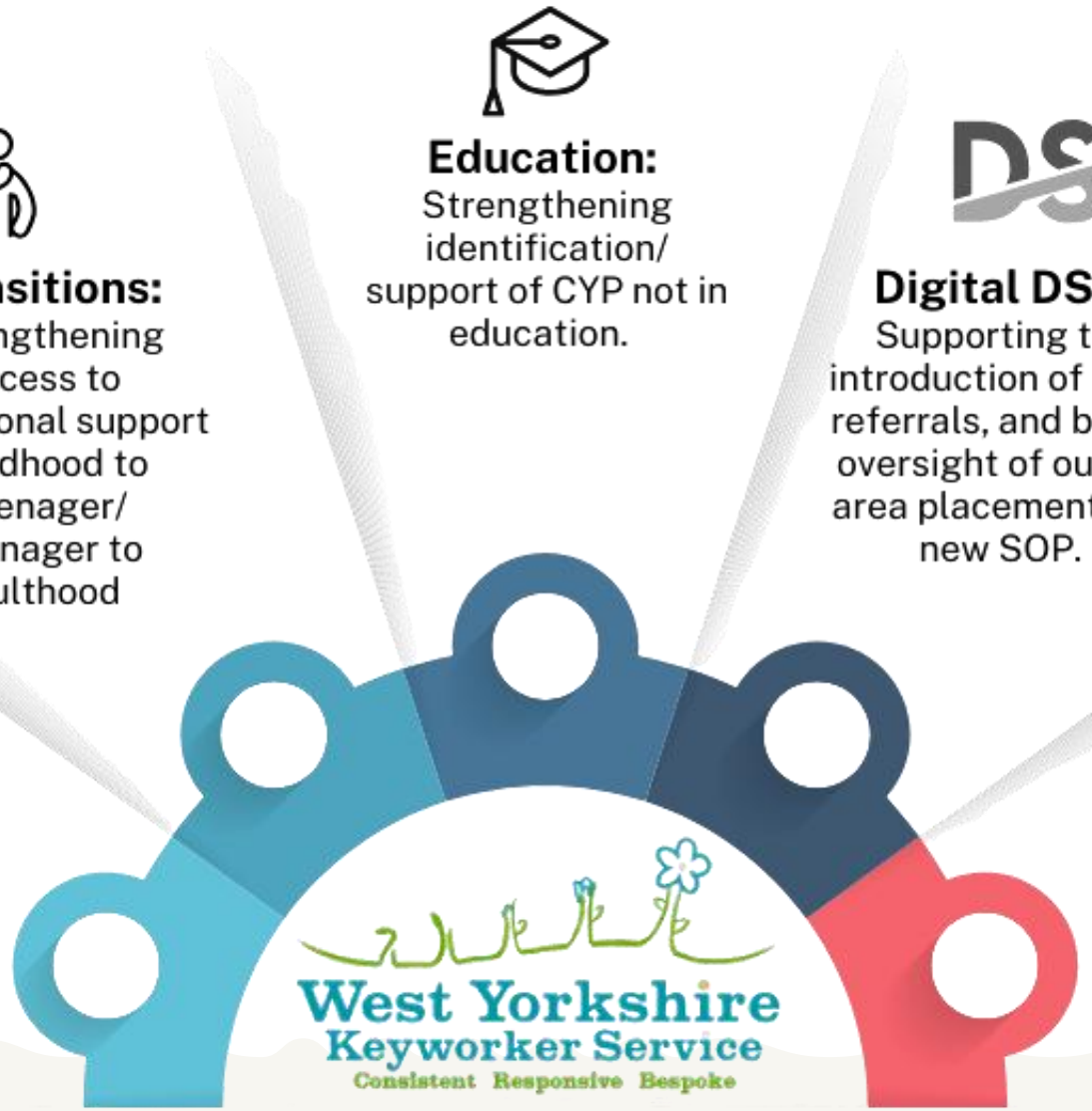
Recognition of Need - Too many young people's neurodevelopmental needs are only recognised after hospital admission, reducing prevention opportunities.

WYKWS: Future Priorities

Transitions:
Strengthening access to transitional support Childhood to Teenager/ Teenager to Adulthood

Education:
Strengthening identification/ support of CYP not in education.

Digital DSR
Supporting the introduction of self-referrals, and better oversight of out-of-area placements via new SOP.



Targeted inclusion strategy :to address under-representation in each place

Targeted undiagnosed strategy :to address over-representation of undiagnosed in Tier 4 settings

WYKWS: Young Person Feedback

“If there were 50 feedback questions instead of 10, I would have said all 50 were positive.”

“They were very helpful and supportive.”

“Everything was fine – nothing needed to change.”

“Everything was ok!”

“I think every single thing that you have done is amazing.”

“I had someone to talk to about what bothered me.”

“Life would be harder because I wouldn’t have the support, I need to help me grow and keep safe.”

“She made me feel very safe and listened to properly.”

“Every time I had trouble or struggled, they always helped me.”

WYKWS: Parent Carer Feedback

“She is a beautiful human who genuinely cares about and loves the young people that she works with. We are so thankful for her.”

“First, I am really thankful to have this team. Then, when I got them, I learnt where I can go and get help and support.”

“I don’t want to imagine it without her.”

“My child’s key worker supported us in different ways according to our child’s needs. She is really kind and helpful.”

“Except for the key worker, we didn’t have any person who could understand my child’s needs and problems. It was very difficult for us before we had her.”

“She was very supportive, understood our issues, and was very helpful.”

“She made sure that their meetings were accessible and fair for him, that he was comfortable at all times, and that he had a choice and was listened to.”

“His behaviour would have probably escalated due to the lack of support we had. With the key worker, we’ve been able to implement ongoing support for my child.”

“Literally everything about our experience has been amazing from start to finish.”

BARNARDO’S

WYKWS: Professional Feedback

Active Listening – Incorporate lived experiences into care planning.

Collaboration – Build strong links with professionals for coordinated support.

System Relationships – Strengthen connections across health, education, and social care.

Person-Centred – Shape services around the individual and family.

Co-Production – Design services with families and those with lived experience.

Lived Experience Insight – Deep understanding of Autism, ADHD, and learning disabilities.

System Navigation – Bridge gaps between agencies in complex systems.

Professional Networks – Engage with wider networks beyond the care team.

Timely Support – Provide help without waiting lists or delays.

Constructive Challenge – Hold agencies accountable for appropriate support.

Responsive Family Support – Go beyond standard expectations when needed.

Service Connector – Act as the “glue” linking people to the right services.

Accountability & Presence – Provide ongoing support while holding systems to account.

Advocacy – Champion the voices and needs of families and young people

Flexible Support – Tailored, adaptable responses to individual needs..

BARNARDO'S

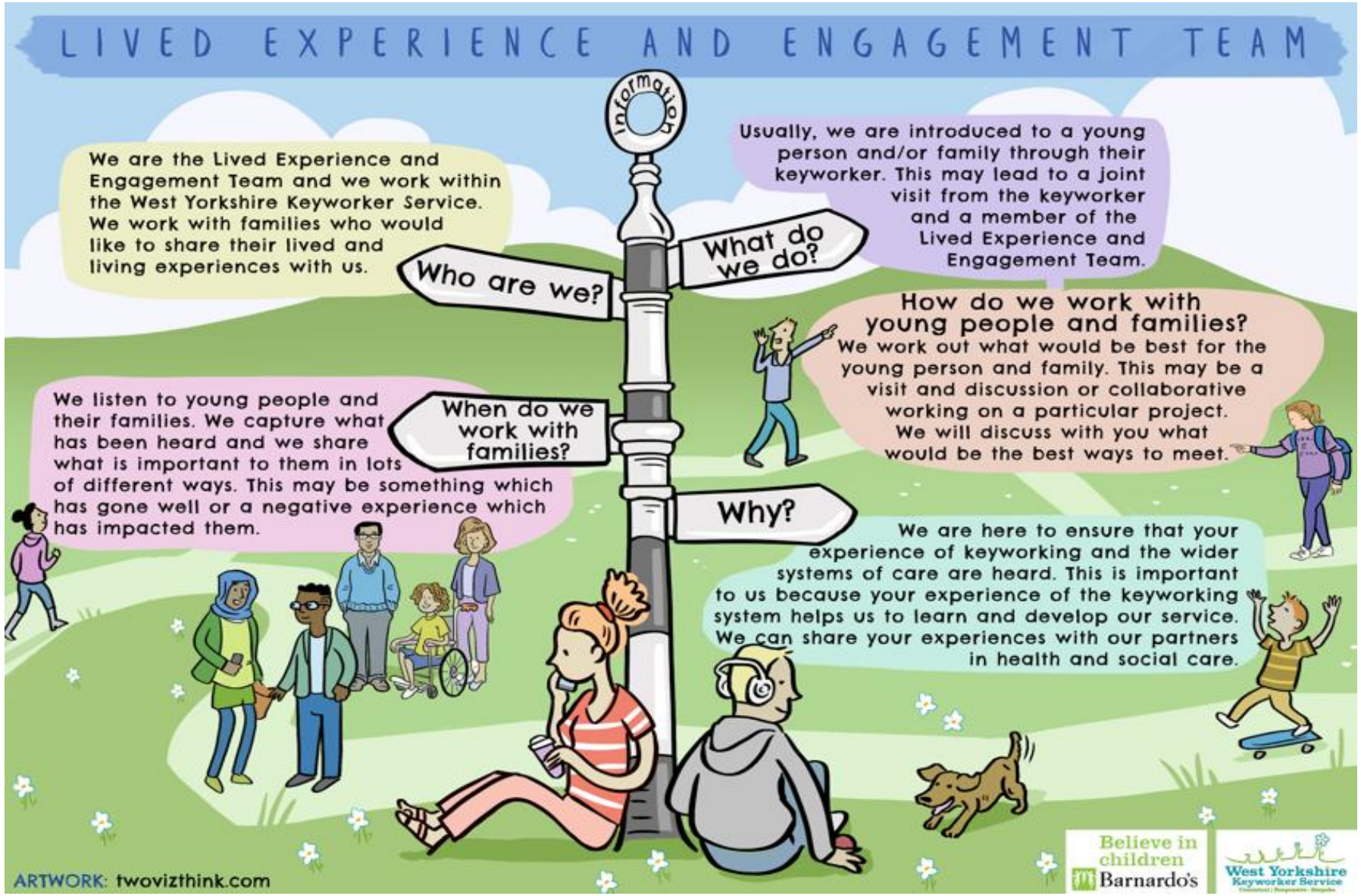
Changing childhoods.
Changing lives.

The golden thread of Lived experience and engagement

Marie's story

Haroon's experiences

Who we are and what we do



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BARNARDO'S
Changing childhoods. Changing lives.

Marie's Story

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Haroon's Experience

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Changing childhoods.
Changing lives.

BREAK

BARNARDO'S

Changing childhoods.
Changing lives.

Lead Practice Keyworking

Sam Cresswell, Team Manager,
Barnardo's

Secure Estate & youth/criminal justice

Mental health

LGBTQ+

Practice leads take a systemic approach to keyworking

Care experienced

We support and influence the internal and external systems, pathways and processes that already exist to support children and young people who are autistic and/or have a learning disability who also have intersecting needs

Transitions

Tier 4 inpatient care (CYP and young adults)

Eating & intake

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Changing childhoods. Changing lives.

Externally:

Becklin partnership

Leeds children 117 panel

Diagnosis and keyworker referral pathway in Red Kite View

West Yorkshire ICB LGBTQIA+ Health & Wellbeing Network

From the IPC evaluation:

“Known and recognised as a trusted and competent resource”

“Effective joint working”

“Contributed to positive outcomes directly and indirectly”

Internally:

Weekly drop-in clinics to support keyworkers

Visit and wider casework support

Monitoring trends and responding:

LGBT+ young people nearly 2x likely to have an ED, and to have an admission (on any pathway)

The longest tier 4 admissions are young people who are fed with a nasogastric tube

A common barrier to discharge is lack of a suitable home environment due to limited knowledge and understanding from caregivers

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Neurodivergent Inpatient Navigator pilot (NDIN) July 2025

Supporting children:

- Admitted to Leeds General Infirmary or Red Kite View – not necessarily tier 4
- No clear discharge pathway
- Medically fit for discharge
- No formal diagnosis
- Traits of autism and/or ADHD

Providing:

- Training and support for ward staff
- Network navigation and referrals
- Direct work with the young person to understand barriers
- Engagement with caregivers

Person-centred

Relational

The keyworking approach works systemically as well as individually

Autism & Learning Disability training for clinical staff

Pilot with Becklin & Red Kite View ward staff in July

Creative

Training from a keyworker perspective:

- Social model vs medical model
- Holistic, person-centred approach
- Non-clinical, non-pathologising approaches to support

"Loved this training!"
"All of it was useful."
"All parts were well delivered and relevant which made it enjoyable too."

Collaborative

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West Yorkshire Neurodevelopmental Family Navigator Service

Rachael Garbus, Children's Services Manager (Interim), Barnardo's

Who we are and what we do

Service innovation – **early support for parents and carers** is important when their child is on the assessment pathway. Keyworker Service focuses on diagnosis and crisis – families need early intervention and support.

Our Service is offered to parents and carers who have children waiting on the neurodevelopmental assessment pathway.

Since the start of the Service in September 2023, 848 families have been offered early support.

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The difference we have made

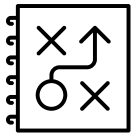
Areas of Support

- Peer Support
- One to One
- Early Support
- Strengths Based
- Hybrid Support

Collaboration

- Consent
- Relationship Building
- Clarity
- Action Plan
- Coproduction

Challenge & Check



- Questionnaires
- Lived Experience
- Accessibility
- Onward Signposting
- Number of Sessions
- What are the other options?

Evidence the Experience

- ND Summits 1& 2
- Waiting Well
- Priority themes
- Understand the Journey and Outcomes

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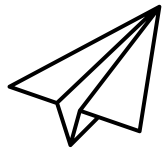
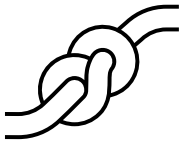
Our learning and impact

Referrals



- The Need
- Wait Time
- Capacity
- Ethnicity
- Gender

Key Outcomes



- Increased Resilience
- Wider offers of support
- Improved connection - Education
- Increased knowledge of ND
- Local Community

Feedback

- Questionnaires
- External Evaluation

Next Steps

- Continue to support or families
- Capture impact
- Share learning

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West Yorkshire Neurodevelopmental Connections Service

Rachael Garbus, Children's Services Manager (Interim), Barnardo's

Who we are and what we do

Key learning from the feedback from families influenced the development of the Service.

We offer early intervention, needs led neurodevelopmental support, via one-to-one work with children, young people, parents and carers.

Our goal is to offer support when needed and is not dependent on whether the child or young person is on the assessment pathway.

Our Service launched in March 2025, and 454 families have referred into the Service.

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The difference we have made

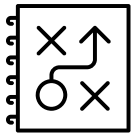
Areas of Support

- Cross-sector referrals
- Bespoke offer
- Whole family support
- Strengths Based

Collaboration

- Consent
- Relationship Building
- Clarity
- Action Plan
- Coproduction

Challenge & Check



- Questionnaires
- Feedback
- Accessibility
- Themes of support
- Number of Sessions
- What are the other options?

Learning from evidence

- WY ND Summits 1& 2
- Priority themes
- Cross Sector Approach
- Based on Need

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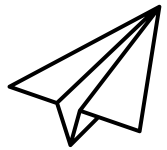
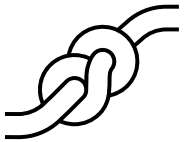
Our learning and impact

Referrals



- The Need
- Wait Time
- Capacity

Key Outcomes



- Positive relationships
- Engage in decision making
- Improved connection - Education
- Improved wellbeing
- Local Community

Feedback and capturing user experience

- Family Journeys
- Understanding lived experience
- Feedback into the system

Next Steps

- Meet service user needs
- Capturing Impact
- Sharing learning
- Inform service development

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Bradford Psychology Service – Simon's story

Sandra Renge, Consultant Clinical Psychologist.

Young person story - Simon

- 17-year-old Muslim young person, now identifies as Male
- Significant developmental and integrational trauma and domestic abuse
- Late diagnosis of autism and can display selective mutism when dysregulated
- Not in education or employment
- Daily verbal aggression - racist language, threats, demeaning language of a sexualised nature
- Daily physical aggression e.g. sexualised assaults, smearing, kicking, punching, including planned events such as boiling kettle to weaponise and imprisoning staff to assault
- Significant property damage
- Contact with youth justice due to assaults to public, staff and Police

Understanding Simon and the system's needs

- **Understanding priorities:** Simon had moved to a new unregulated home provider in October 2024
- **Understanding and formulating:** individual needs and the multi-disciplinary team care plan based on the psychological formulation
- **Formulating the system response:** what was working well/what was not; dynamics and challenges to understand how we could add value.
- **Our work:** indirect; on a system level
- **Consultation and advice:** to the system to facilitate multi-disciplinary team case management
- **Clinical work:** underpinned by principles and values of Positive Behaviour Support, trauma informed practice and neurodevelopmental frameworks.

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How did we develop this understanding

- **“What happened to Simon”:** Going back to go forward – value of chronology with a biopsychosocial lens.
- **Analysis of incidents, specialist reports and other data points** - text messages and interview with staff (home staff and social worker) – work to understand how Simon’s vulnerabilities were impacting “here and now.”
- **Understanding of risk and stabilisation** - system safety planning
- **Supporting system dynamics** towards healthier, compassionate and safer working relationships across sectors : **“Acting as one”**
- **“Hearts & Minds”** - Consensus in care planning by building a shared understanding of Simon’s needs: **working towards an explanatory formulation.**

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Our goals

- Reduce risk of hospital admission
- Reduce contact with youth justice
- Reduce risk of placement breakdown, increasing permanence
- Improve experience of transition to adult services
- Reduce risks and distress presentation
- Improve community and educational engagement
- Hold positive and trusted relationships

Our plan

- Develop effective collaboration and communication
- Support multi-agency care planning and enhanced existing support
- Create capable environments (physical and staff skills)
- Understand and meet need
- Manage risk and create stabilisation
- Support transition to adulthood
- Improve quality of life

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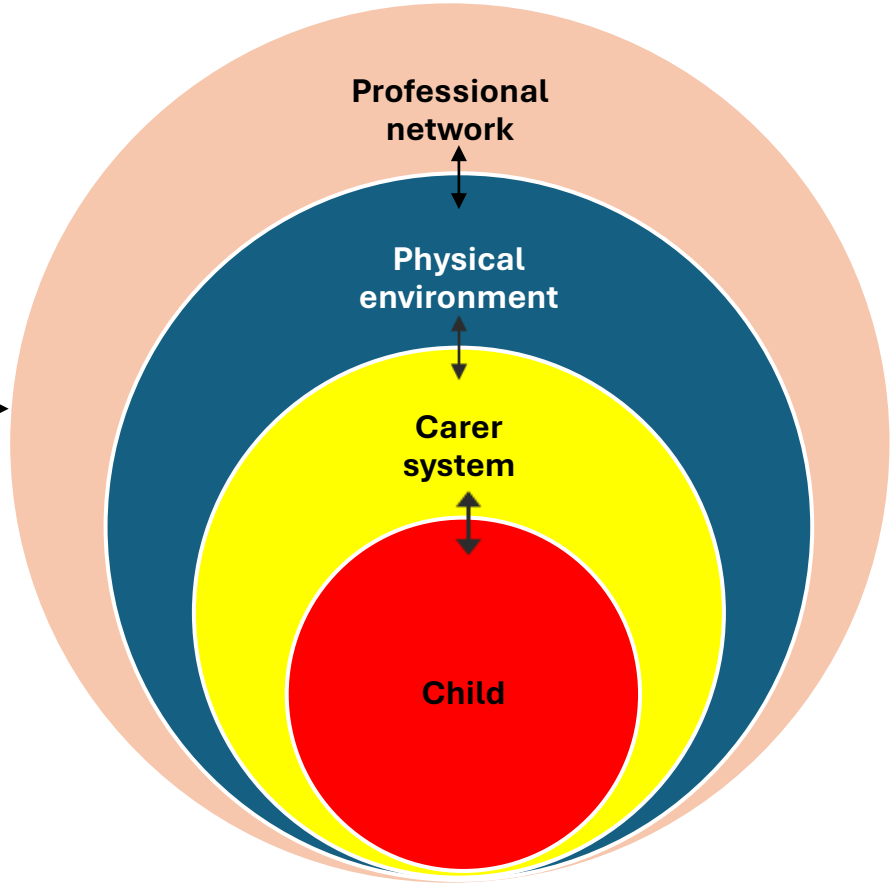
Cross system partnership working

- Historical and current narrative "what's the story?”
- Needs & capabilities
- Capacity for change
- Power and responsibility for change
- Legal context and Safeguarding



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Building capable environments: Impact on the system

- **Collaboration** in development of formulation and care plans across all sectors (acknowledging and addressing the challenges with Education)
- **Building capability:** Care plans using relational and trauma informed Positive Behaviour Support framework
- **Profiling** care staff training needs, skills and physical environmental through service specification
- **Partnership working** for transition planning
- **Joint working protocols** with emergency services to ensure responses were in line with formulation of need
- **Staff** reflection and training
- **Intensive case management** – 3 contacts per week involving advice and consultation; clinical work through systemic working practices.

Professional feedback

1	anonymous	CSC and ASC are not MDT teams, which is needed in these complex cases. Sandra has offered training to the providers (most providers with MDT's have refused to accept high risk cases), and professionals which is essential to ensure the planning and support is correct for the young person.
2	anonymous	The benefits of this service are enormous! The BPS is outcomes focused, brings the full multi-agency team together to support us in better understand the young man we support. One of the biggest challenges in this sector is that the wider-agency due to internal and external pressures are simply not responsive enough - this service affords us the ability to be responsive in time of crisis which improves outcomes for the young person we support. Our young person has had a significant amount of placement break downs and has been deprived of his liberty for years without a clear plan or actual understanding on how risk will be managed or reduced, in turn he has become institutionalised. If the BPS was introduced when this young person was first placed in local authority care, his outcomes would be very different.

3. Anonymous it is essential part of support an MDT approach to ensure there is autistic safety embedded in all aspects of care planning including consideration of the environment to support communication, sensory and emotional regulation

4	anonymous	Sandra is an expert in her field, complex mental health and additional needs through diagnosis of other conditions can be difficult to navigate, understand and safety plan around when you do not have the in depth understanding of what is driving and sustaining certain behaviour and presentation. Sandra's expert knowledge and formulation allows other professionals to understand and work with complexities and achieve the best outcomes for the children and young people we are supporting.

During our work and present circumstances

- **During our work: Achieving psychological understanding, formulation and training:**
  - Reduction in placement costs from £22,000 to between £5-7000
  - Reduction in incidents - Verbal and physical aggression reduced but not eliminated
  - Reduced property damage

- Current criminal justice involvement: in remand due to violent incident involving the public
  - Handover to internal psychological and wellbeing team focussed on therapeutic approach due to our involvement

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Our learning and impact

- Holding hope and optimism – “we can”

- Building shared consensus and agreement of need, formulated need and strategic care planning.

- Building capable environments – a system that can hold and contain anxiety and risk.

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Specialist keyworking: key findings from the learning and evaluation partnership

Background

- We worked with Barnardo's West Yorkshire Keyworker Service as a **learning and evaluation partner** between September 2023 and November 2024
- Our role was to support the Service to document the development of the specialist keyworking offer and to evaluate its implementation.

Key findings about the model

- Voluntary sector provision enables **flexible and person-centred support**, responding to young person's and families' holistic needs.
- **Combines family / crisis support (core keyworker role) with more system-facing ambitions**: pathway and service development, policy shaping. Potential for long-term impact, but not without challenges.
- **Strong relationships with localities** and a **deep understanding of key stakeholders** across sectors and localities needed for strategic / systems work.
- **Good and growing awareness of the model among stakeholders**. Consistency and expertise highly valued.

"Hope I've got it across the positive impact they have on these young people and families is massive and I think if we didn't have them working with these young people then there would be a massive gap."

Key findings: impact on young people and families

Based on a review of case files (n = 35) and interviews with parents (n = 7) we found that the keyworking service:

- Amplified young people's / families' voices through active participation and representation in multi-disciplinary meetings.
- Helped improve mental health, engagement in education, training, and progress towards employment.
- Created a safe space and trusting relationship with young people explore feelings / understanding of autism, self-regulation strategies, think about future with young people.
- Provided effective emotional support including at times of crisis.
- Parents reported a better understanding of processes, systems, and specialist needs. They felt more empowered to advocate for their young person.

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Bringing it back to our children, young people and families Lived - Experience & Engagement

Jordan's experience

Jordan's Experience – Audio recording

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Reflections and Commitment to Keyworking

Nadine Good, Director
Children's Services,
Barnardo's North Region

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Reflections and Q&A

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