Inclusive Crisis Alternatives – Thematic Analysis

This summary forms part of the Inclusive Crisis Alternative research. The research aims to ensure that the VCSE workforce, working in commissioned crisis alternative services, has the right skills, behaviour and training to understand the specific needs of those who are neurodivergent and / or have a learning difficulty.

The summary gives details of the themes which arose from the research and gives examples of what this might look like to neurodivergent people visiting a service in crisis.

For more background on the research please visit https://touchstonesupport.org.uk/inclusive-crisis-alternatives/.

a) Summary of care needed by neurodivergent people

The research drew out four themes, all of which fit under a master theme of:

'Support that feels accessible for me'

1. 'Offering me a safe space I can access'
2. 'Communicating with me in ways that I can understand'
3. 'Seeing me for 'me' and treating me holistically'
4. 'Involving me in a process in which I can feel safe'

These themes represent the way in which environment, communication, holistic care and predictability within support pathways are essential to provide adequate crisis care. Allowing neurodivergent individuals to feel seen within support pathways and to feel safe within the services they are accessing will enable services to better provide both interventions and preventative measures for crisis. This includes incorporating a variety of communication methods and ensuring the individual is aware of and involved in the process and pathway of their care. Support provided needs to be holistic in terms of both the individual's intersecting needs and presentations and expanding care to include the individual's wider support network. **There is a need for services to be flexible in their approaches, to develop a thorough understanding of neurodiversity and subsequently demonstrate appropriate changes in service delivery to meet the needs of neurodivergent individuals.**

Neurodivergent people* told us through questionnaires and focus groups that feeling understood and accepted was **the** most important aspect of any care they received. On average 93% indicated that this was very important, rising to 98% when including 'Important' responses.

These themes were echoed by members of minoritised communities. They felt that an understanding of their culture and/or issues that they face including stigma within and outside of the community was crucial to them feeling that support was accessible to them. In general, minoritised communities accessed crisis alternative services far less than their more majority mainstream peers. Reasons given for not attending were that support was not accessible for them.

b) Details of what this looks like

It is possible to summarise the responses from the research into practical steps under each heading.

1. 'Offering me a safe space I can access'

The space and service need to be / have:

1.1 A quiet physically accessible place with adaptations and accessories to meet sensory needs

1.2 A space without judgement that reflects diversity so that I feel accepted and feel that people will understand me (staff and posters / images)

1.3 *A space located somewhere I can access safely, taking into account cultural needs and stigma.*

1.4 A psychologically informed environment that is not clinical

1.5 Well-advertised with clear information so that I know it is suited to my needs (and caters for neurodivergence)

1.6 Different ways to access it, not just by telephone; ideally, I can just drop in.

1.7 Support to get there if I have no technology, money or mobility needs (e.g. care leavers, visually impaired)

1.8 Somewhere that allows me to visit before I am in crisis

Additionally, for children and young people it needs to be / have:

1.9 A space that is available before during and after crisis

1.10 Somewhere for family to wait and ideally get support separately

2. 'Communicating with me in ways that I can understand'

This means:

2.1 Offering a range of communication methods, even if I am verbal

2.2 Using simple language that is clear and unambiguous. Don't use jargon.

2.3 Having trained interpreters and people who speak my language

2.4 Understanding that I am not being rude if I cannot communicate as you expect

2.5 Helping me to identify how I feel, if I would like that

2.6 Making sure I am offered adaptations rather than expecting me to ask

2.7 Giving me time and space as I may not feel able to talk immediately

2.8 Offering me information and strategies in picture format as well as writing.

3. 'Seeing me for 'me' and treating me holistically'

This means:

3.1 Listening to me and taking me seriously, not making assumptions

3.2 Offering me support for what I have come for and avoiding diagnostic overshadowing

3.3 Understanding the factors that might be affecting me as a neurodivergent individual

3.4 Including my 'trusted other' if I ask you to, or if I can't verbalise it but they know me, and listening to them

3.5 Ensuring my physical needs are being met when I am in crisis (offering food and drink in a different space)

3.6 Respecting my choice of name and pronouns

3.7 Understanding that my family and external circumstances may need to be taken into account. Recognise what is going on for me and empathise.

3.8 Referring me to other places but not expecting I can just access that alone?

3.9 Giving me the opportunity to meet peers who are experiencing the same issues and get support from / give back to them

Additionally, for parents and carers of children and young people it needs to be / have:

3.10 Listening to my child but also giving me space to talk to you without them present and listening to me.

4. 'Involving me in a process in which I can feel safe'

This means

4.1 Asking me my access needs at the start in a clear and open way and offering options

4.2 Giving me clear and precise information about what is going to happen next

4.3 Reading any background information (e.g. hospital passport) so I don't have to repeat myself and relive trauma

4.4 Giving me the option of information backed up in writing

4.5 Giving me plenty of time to process information and ask questions (supporting me with questions I might like to ask). Taking regular breaks

4.6 Reassuring me that I am in the right place

4.7 Keeping the same team involved and building a trusting relationship

4.8 Telling me who you are and what your role is – (Wearing a name badge I can see)

4.9 Keeping to the timescales you have told me about

c) Workforce Development Needs

Relating directly to the need to feel understood and accepted, **neurodivergent people** felt that it was important for all staff to have more than just a basic understanding of neurodivergence and the social model of disability. They felt that staff required a deeper understanding of processing and communication needs, masking and meltdowns and trauma in neurodivergent people.

Staff priorities for training focused on advanced level training including assessing risk and trauma-informed practice. Most staff favoured face-to-face training including trainers with lived experience, although the practicalities of this in rural areas were raised. They wanted this to be more advanced than they currently get and to provide practical applications of theory as well as case studies and examples.

Members of Ethnically and Culturally Diverse Communities also requested training and awareness raising on mental health and neurodiversity for their communities. They wanted staff teams to be more diverse and to have an understanding of their culture and /or issues facing them.