INCLUSIVE CRISIS ALTERNATIVES

Executive Summary

Abstract

Research on the Workforce Development Needs of the VCSE crisis sector to meet the needs of neurodivergent individuals

1. Introduction

This research was commissioned by NHS England and delivered by Touchstone to inform a workforce development strategy for the Voluntary, Community and Social Enterprise (VCSE) crisis alternative sector. Its purpose is to ensure that community-based crisis services are equipped to meet the needs of **neurodivergent people** (excluding those with learning disabilities, which were outside the scope). The study is positioned within the NHS's long-term shift towards community-based mental health provision and alternatives to inpatient admission. It took place between September 2024 and January 2026.

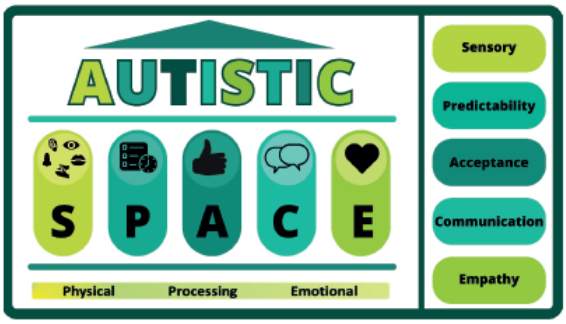
The report adopts a neurodiversity-affirming approach, using carefully considered language and privileging the voices of **Experts by Experience**. It recognises that neurodivergent individuals—particularly those who are young people, LGBTQ+, from ethnically and culturally diverse communities, or otherwise marginalised—face heightened barriers to accessing crisis care and are often misunderstood within traditional mental health systems.

This is a summary and provides an overview of the project, findings and recommendations. For more detail please access the full report here.

2. Research Design

The research used a **mixed-methods approach** to capture both breadth and depth of experience across the North East and Yorkshire region. Methods included co-produced questionnaires, focus groups, semi-structured interviews, case studies, and a regional audit of crisis alternative provision. Data collection ran from April to June 2025.

In total, **410 participants** contributed, including neurodivergent adults, children and young people (CYP), parents and carers, crisis alternative staff, keyworkers, and stakeholders from minoritised communities. Particular effort was made to include groups less likely to access mainstream services, such as care-experienced young people, refugees, LGBTQ+ individuals, and people from ethnically and culturally diverse communities. The research was guided in part by the **Autistic SPACE Framework**[1]**.** This framework was created to help healthcare professionals better meet the needs of autistic people by focussing on five areas of need - Sensory needs, Predictability, Acceptance, Communication and Empathy. Its use in



[1] (Doherty et al., 2023)

this research was suggested by Experts by Experience to structure data collection and analysis.

3. Research Results

Adults (Neurodivergent Adults)

Neurodivergent adults described mental health crisis as highly individual and not always aligned with clinical definitions. Experiences ranged from sensory overwhelm, shutdown and chronic distress to suicidality. Many adults reported living at a consistently high baseline of distress, meaning they often delayed seeking help until crisis became severe.

Key themes included:

- **Feeling unheard and misunderstood** by services, particularly when distress was misinterpreted as behavioural or not "serious enough."
- Strong anxiety about **wasting professionals' time**, creating reluctance to seek support.
- A preference for **non-clinical, calm, predictable environments** with clear information about what would happen next.
- Significant barriers linked to **communication**, especially phone-based access, and a lack of alternative contact methods.
- Intersectional barriers were pronounced for adults from ethnically and culturally diverse communities, LGBTQ+ adults, refugees, and those with sensory impairments, who reported stigma, mistrust, cultural misunderstanding and language barriers.

Adults valued services that offered flexibility, continuity, clear communication, and staff who demonstrated genuine understanding of neurodivergence and trauma.

Children and Young People (CYP)

Children and young people described crisis as emotional overwhelm, panic, self-harm, suicidal thoughts, shutdowns or sudden escalation, often without being able to recognise early warning signs themselves. Neurodivergent CYP frequently relied on trusted adults to help identify when they were approaching crisis.

Key findings included:

- A **severe lack of accessible crisis alternative provision**, particularly for under-16s and for 16–18-year-olds transitioning from CAMHS to adult services.
- Strong preference for **drop-in, informal, youth-specific, non-clinical spaces** that could be accessed before, during and after crisis.

- High levels of **stigma**, particularly among young men and LGBTQ+ young people, leading to delayed help-seeking.
- Neurodivergent and LGBTQ+ identities frequently intersected, increasing vulnerability and the need for affirming, inclusive services.
- CYP valued staff who were relatable, non-judgemental, and who used clear, direct language with multiple communication options.

Young people consistently emphasised that familiarity, predictability, and **relationships built over time** were critical to feeling safe enough to access crisis support.

Parents and Carers

Parents and carers reported extreme difficulty accessing timely support for the children and young people they care for, particularly during escalation or crisis. Many felt they were only taken seriously once situations became unmanageable.

Key themes included:

- **High levels of stress, burnout and isolation**, with parents often feeling blamed or excluded by professionals.
- Strong desire for **immediate advice and a named professional** they could contact when early warning signs appeared.
- Frustration at the lack of services for primary-aged children and the absence of support that allowed parents to stay involved during crises.
- Tension between parents' preference to manage crisis at home with professional support, and CYP's preference to go elsewhere for help.
- Parents wanted services to listen to both them and their child, recognising that parents often have critical insight into triggers, communication needs and risk.

Parents and carers emphasised that supporting them effectively is essential to preventing escalation and sustaining CYP wellbeing.

Figure 1 - summary of themes arising from research with neurodivergent people

Staff (Crisis Alternative and Related Workforce)

Staff reported high commitment to person-centred care and confidence in their values, but acknowledged significant gaps in training, resources and organisational support.

Key findings included:

- Most staff had received only **basic, online neurodiversity training**, which they felt was insufficient for crisis work.
- Strong demand for **advanced, face-to-face training**, co-produced and delivered with people with lived experience.
- Identified gaps in understanding:
    - sensory processing and overload
    - communication differences and processing time
    - masking, meltdowns and alexithymia
    - trauma and risk assessment for neurodivergent people
- A clear **disconnect between staff confidence and service-user experience**, with staff believing they were meeting needs better than users reported.
- Barriers to training included lack of funding, time pressures, and uncertainty about training quality.
- Staff highlighted the importance of **reflective practice, supervision, and manager training** to embed learning and manage risk safely.

Staff overwhelmingly felt they could deliver better, safer care with the right training, resources and managerial support.

Overall Summary of Research Results

Across all groups, the research shows that **feeling heard, understood and accepted** is the most critical factor in effective crisis support for neurodivergent people. Crisis alternatives are valued but are inconsistently available, poorly understood, and often inaccessible to those who need them most.

There is a clear mismatch between how services believe they are operating and how neurodivergent people experience them. This gap is compounded by intersectional factors such as age, gender identity, ethnicity, disability, and socioeconomic status.

> Whilst over 70% of all staff felt confident or very confident in working with the communication needs of neurodivergent people in crisis, less than 30% of adults and just over 30% of young people felt that these needs were met most or a lot of the time.

The results demonstrate that improving crisis care for neurodivergent people requires:

- **Accessible, predictable, non-clinical environments**
- **Multiple communication routes** and clear information
- **Workforce development at an advanced level**, not basic awareness
- **Inclusion of families and carers**
- **Targeted provision for children, young people and transition ages**
- **Cultural competence and outreach** to marginalised communities

Overall, the findings reinforce that crisis prevention and response for neurodivergent people is not solely a training issue, but a workforce, system design and equity issue that requires coordinated action across commissioning, service design and training.

4. Findings

Findings Related to Workforce Development

The research consistently shows that workforce capability is central to whether neurodivergent people experience crisis support as safe, effective and accessible.

Key findings include:

- Neurodivergent service users place the highest importance on feeling heard, understood and accepted, yet many report that staff lack the depth of understanding needed to achieve this in practice.
- There is a clear disconnect between staff confidence and service-user experience. While staff often feel confident in their person-centred approach,

neurodivergent adults, young people and parents report that their needs are met only “some of the time.”

- Most staff receive basic, introductory training (often online) on neurodivergence, which they do not feel equips them for crisis work.
- Both staff and service users identified the need for advanced training covering:
    - sensory processing and environmental impact
    - communication and processing differences
    - masking, meltdowns and shutdowns
    - alexithymia
    - trauma-informed practice
    - neurodivergent-specific risk assessment and de-escalation
- Training is most effective when co-produced and delivered with people with lived experience, and when it includes practical tools rather than theory alone.
- Reflective practice and supervision are unevenly embedded. While many staff have access to managerial supervision, fewer have access to structured reflective practice, limiting learning consolidation and safe risk management.
- Managers themselves require training in neurodivergence to support staff effectively and to support neurodivergent employees.
- Cultural competence and understanding of intersectionality (e.g. neurodivergence combined with ethnicity, gender identity, sexuality, disability or immigration status) were identified as essential workforce skills, not optional extras.

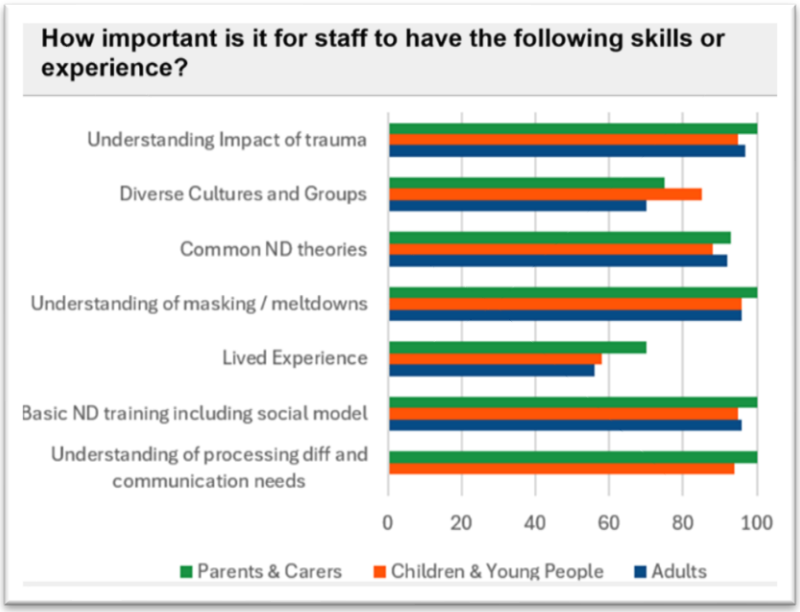


Figure 2 - Training Identified as necessary by neurodivergent people

Overall workforce finding:

Without sustained investment in advanced, lived-experience-led training and reflective support, crisis services are unlikely to deliver equitable or safe care for neurodivergent people.

Findings Related to Crisis Service Design

The research shows that how services are designed and accessed is as important as who delivers them.

Key findings include:

- Neurodivergent people strongly prefer non-clinical, calm, predictable environments that reduce sensory overload and anxiety.
- Crisis support is experienced as most effective when it is **accessible before, during and after crisis,** rather than limited to a single point of acute escalation.
- There is a significant shortage of crisis alternative provision for children and young people, particularly:
    - under 16s
    - 16–18-year-olds in transition from CAMHS
    - young people aged 16–25 without parental support
- Phone-only access routes are a major barrier. Neurodivergent people consistently requested multiple communication options, including text, email, online and drop-in access.
- Clear, simple and transparent information about:
    - who the service is for
    - what will happen
    - what thresholds apply

  is essential to reduce anxiety and prevent disengagement.
- Predictability and continuity (seeing the same staff, knowing what happens next) are critical to trust and engagement.
- Services that are well-connected to local community organisations and offer joined-up support (before, during and after crisis) are experienced more positively.
- Parents and carers need services that allow them to remain involved, including spaces for separate support and professionals who value parental expertise.

- Crisis services are often poorly advertised, particularly within marginalised communities, contributing to low uptake and late presentation.

Overall service design finding:

Crisis alternatives work best when they are flexible, low-threshold, relational and community-embedded, rather than tightly bounded, phone-based or clinically framed.

Other Key Findings (Cross-Cutting Issues)

Several findings cut across both workforce and service design and highlight wider system issues.

Key findings include:

- Intersectionality significantly shapes crisis experience. Neurodivergent people who are also LGBTQ+, from ethnically and culturally diverse communities, refugees, care leavers or disabled face compounded stigma, mistrust and access barriers.
- The language of “crisis” is itself a barrier for some communities, where mental distress is understood differently or heavily stigmatised.
- Neurodivergent young people often struggle to recognise when they are approaching crisis, increasing the importance of early, relational and preventative support.
- Parents and carers experience high levels of stress, burnout and isolation, yet often feel excluded or blamed by services.
- Men—particularly young men and men from marginalised backgrounds—are underrepresented in services and research, linked to stigma, gender norms and service models that rely heavily on talking-based interventions.
- Risk is often increased not by neurodivergence itself, but by misunderstanding, inaccessible environments, poor communication and lack of timely support.
- Voluntary sector services are frequently asked to manage higher levels of risk without corresponding investment in training, supervision or infrastructure.

Overall Cross Cutting Findings

Crisis support for neurodivergent people cannot be improved through workforce development alone; it requires coordinated action on language, access, culture, prevention and community trust.

5. Pilot Training and Resource Pack

In response to the research results, a 7- hour face-to-face training and an accompanying resource pack was developed and piloted with staff from Touchstone’s crisis alternative provision.

The training was evaluated with pre and post event questionnaires. The results showed a significant increase in knowledge and a corresponding confidence in ability to deliver a good service.

After the training people rated their knowledge of neurodivergence as good or very good in 97% of responses

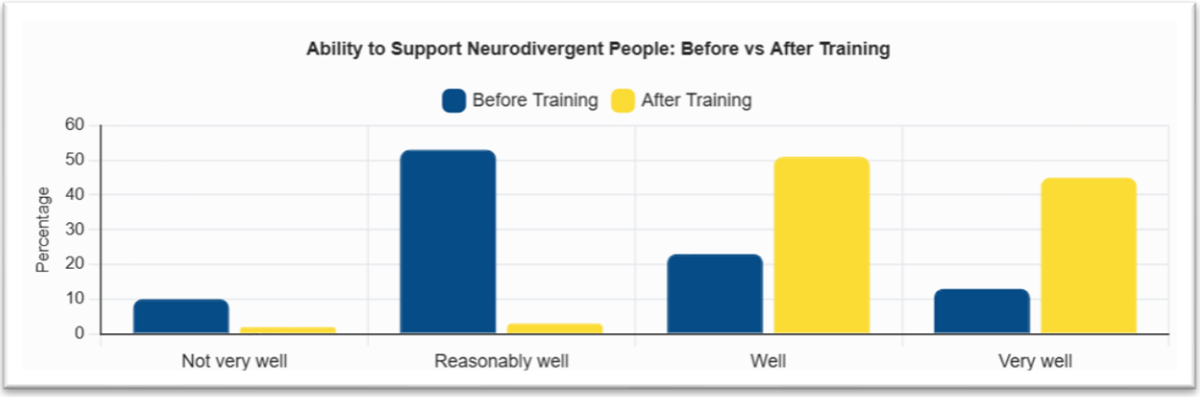


Figure 4 - Results across all 5 areas of the SPACE framework before and after attending the training.

A resource pack has been co-produced with Experts by Experience and included in the training. It includes a range of recommendations, information and practical resources for use in crisis alternative settings.

6. Conclusion

The report concludes that crisis alternative services have a vital role in preventing hospital admission and supporting neurodivergent people, but they cannot succeed without sustained investment in **workforce development, accessibility, and inclusive service design**. Training, including a resource pack was piloted and produced encouraging results[2]. However, training alone is not sufficient; commissioners must also address structural barriers such as service availability, communication methods, cultural competence, and timely access.

Key recommendations include fully funded, advanced neurodiversity training for all crisis staff; embedding reflective practice; improving crisis provision for children, young people and parents; and commissioning more flexible, community-based, and culturally responsive models. Listening to neurodivergent people—particularly those most marginalised—and acting on their feedback is essential to delivering equitable, effective crisis care.

[2] For details on how to access training and resource pack please email; learningandtraining@touchstonesupport.org.uk