





Happy, Healthy and Empowered: Meeting the Healthcare Needs of Children and Young people with Autism or Learning Disabilities and Challenging Behaviour following a Major Trauma Injury

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BACKGROUND

Children and young people with autism or learning disability and challenging behaviour who are admitted to hospital can have complex problems which may increase their length of stay and their holistic needs may not be met.

Children and young people have a legal requirement to have equal access to public services including the NHS¹. Therefore health services organisations have to consider what adjustments children, young people and adults with Learning Disabilities and or Autism will require. [2016] NHS England Accessible Communication Standards

Processes have been implemented at Royal Manchester Children's Hospital (RMCH) to support children and young people with autism or learning disability and challenging behaviour who are scheduled for planned hospital admissions. However, it can be more difficult to support this group of children/young people when they are admitted unexpectedly following a traumatic injury.

Following a trauma admission the child may experience disruption in their routine including;

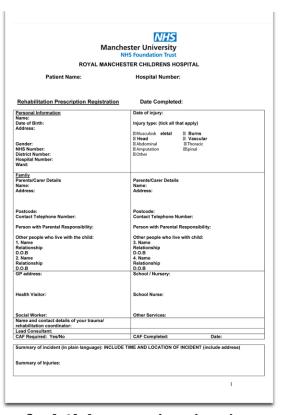
- Strange/noisy place
- Non-understandable language/communication
- Periods of waiting for unspecified time
- Lots of strange people
- Lots of odd questions
- Invasion of personal space
- Unpleasant things happening
- Working within the system's timescale (inflexible)

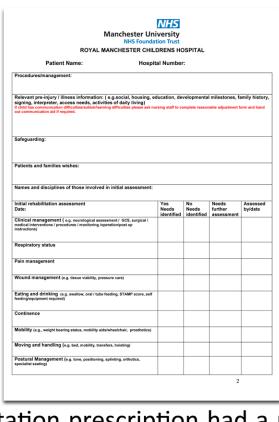


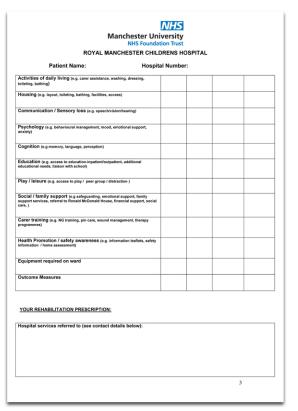
The authors identified that some of the patients sustaining traumatic injuries had autism, learning disability, behavioural or mental health problems. A review of patients additional needs and their experiences was undertaken to determine the quality of holistic care at RMCH. The review took place following the implementation of the North West Trauma Network and also the RMCH Recognising Autism and Learning Disability Management Programme (RALMP).

SERVICE EVALATION

- A review of rehabilitation prescriptions was completed for children with major trauma injuries, who were managed on the major trauma pathway.
- The aim was to determine how many children with a rehabilitation prescriptions were under investigation for autism/learning difficulty/behavioural/mental health problems.

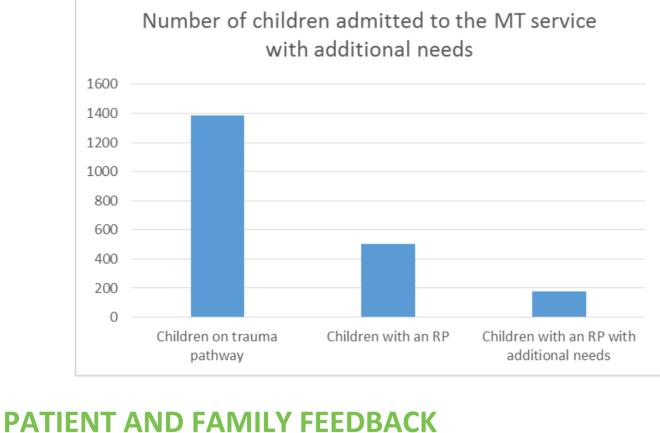


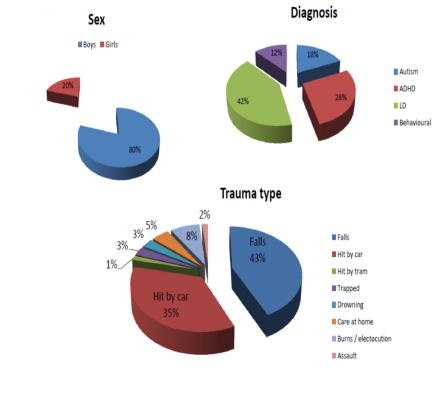






35% of children who had a rehabilitation prescription had a underlying or suspected diagnosis. It is unknown how many children admitted to the trauma pathway who didn't have an rehabilitation prescription have underlying or suspected diagnosis i.e. patients discharged straight from the Paediatric Emergency Department who are involved in a traumatic accident but have no/minimal injuries.





A questionnaire was sent out to 10 discharged patients and their families who had been identified as having a autism/learning

difficulty/behavioural problems

Awareness of the need to

What did we do well? What didn't we do well?

How can we improve our services?



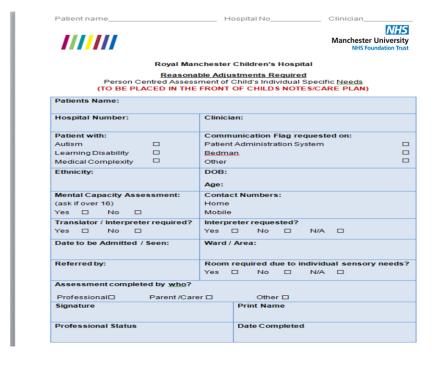
- enter a room quietly on the trauma ward. High dependency ward was
- more noisy and there was regular disturbances due to being located near a toilet
- Adjustments were made to accommodate my child's autism (even in the ambulance). Clear explanations using pictures were
- given to my child. My child's specialist interests were met. All hospital staff were "child autism
- friendly."

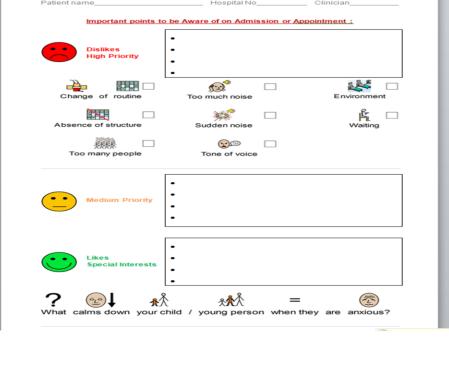
ACTIONS

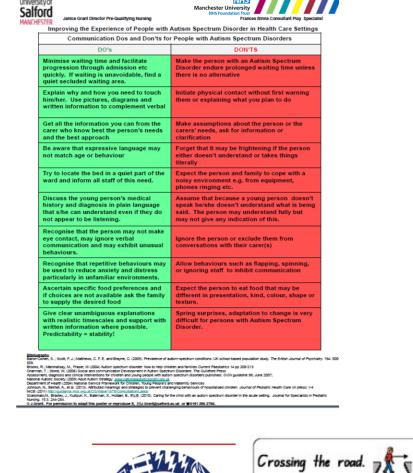
Meeting Needs of Children and Young People

All children with a autism/learning disability/behavioural problem who are managed on the major trauma pathway and have: Administrative alert to identify required individual needs

- A person centred /reasonable adjustment s plan completed
- Communication methods identified and developed via working in partnership with the child's education setting where required.
- Contact with the community team as part of the child's admission and discharge plan







Autism, and Learning disability training awareness would be beneficial across the major trauma

Training

networks due to the large number of patients Identified as having autism or learning disability. **Partnership Working & Accident Prevention** Since the review the team have been focussing on accident prevention in this cohort of patients.

We have linked with Safety Central in Lymm (an interactive safety centre run by East Cheshire

Fire and Rescue Service) to look at the accident prevention in this cohort of patients. Further work into accident prevention is to continues **Conclusion** The achievements of these clinical outcomes necessitates a person-centred flexible approach to the

adjustment of established pathways of care delivery; such as environment, communication methods, staff awareness and recovery times To accommodate the patient's individual needs. Staff need to be aware that the benefits of taking such action far outweighs the drawbacks as the outcome may be less frequent incidents of refusal of treatment and reduced anxiety levels for the child and the family; which often leads to dissatisfaction. References 1. Equality Act. (2010). 1st ed 2.NHS Engaland accesible commulcation standards [2016] 3. Autism Act [2009]4. NICE Learning Disabilities and

Challenging Behaviour Gudielines [2015]