



Ava's^{*} Journey

Cygnets Churchill, London



Ava's history

For over eight years, Ava had been supported in inpatient settings. Living with a learning disability and autism, she would display behaviours of distress such as self-harm and aggression. Her communication difficulties intensified these behaviours, leading her care teams and family to doubt she could ever live in a community setting.

Following a national search for a suitable service for Ava, Cygnets Churchill designed a Bespoke Care Package, creating an environment that could be tailored to meet her care needs.

Ava's placement

From the start, Ava's team were clear – a hospital placement was not a long-term solution for her. They believed that with time and dedicated support, she could be ready for a community placement.

Ava's team took time to review her history of care, what had been working and what wasn't working. They sought input from Ava's family, who attended a meeting and provided invaluable insight into Ava's history and needs.

The Multidisciplinary Team (MDT) at Cygnets Churchill sought guidance from specialist learning disability and autism staff within Cygnets, learning from sharing best practice. The staff supporting Ava were provided with additional training where needed.

The team felt they had the benefit of a fresh perspective on Ava's care. Whilst it was important to take into account her history, they were able to build a bespoke plan of care based on Ava as an individual, not a plan based on her diagnoses.

Ava's success depended on clear, open communication. Her support team and the different departments working with her all communicated well with each other. Detailed handovers and regular updates to her Positive Behaviour Support (PBS) plan ensured it aligned with her progress.

The calm environment the team created helped Ava to feel safe and secure. With Ava feeling more comfortable, they were able to use a flexible approach to therapy and start to improve her understanding and vocabulary. Sessions were held informally, in places like the gym, to reduce pressure or expectations.

The team used social stories, pictures and her communication passport. They took time to break down complex subjects into simple language and short sentences. Ava began to make choices about activities she would like to do, and could communicate with staff about her feelings and actions. Now, better able to facilitate the activities Ava wanted, they converted one of the multi-purpose rooms in her placement into an activity room.

Staff would ensure that incidents were reflected on with Ava, with her improved communication skills, she could communicate what caused her distress. Through these debriefs the team built a comprehensive list of triggers – a hugely helpful tool throughout her care, and one that has been essential to support her future goals. In 10 months, incident rates more than halved.

Eventually, Ava was invited and encouraged to chair her own ward round, building her confidence, communication skills and empowering her to advocate for herself and make choices about her care and future.

The team supported Ava in attending important health check-ups. They worked closely with a local GP to make sure reasonable adjustments were made for appointments, helping to alleviate distress. Through this support, Ava had dental work and blood tests. She was also supported to use the service's onsite gym which supported her to being making healthier lifestyle choices.

To prepare for community living, the team adjusted their support style to empower Ava to live more independently in her placement. They took a staged approach to helping her learn to be more flexible so that she had the tools to adapt to change.

Once a community placement was identified, the team ensured that a strong transition plan was coproduced. As part of this, staff from Ava's new placement shadowed the Churchill team for several weeks to get to know her. The team were able to hand over a detailed PBS plan, including Ava's triggers and successful coping strategies.

Ava today

Ava has recently been discharged to a community placement – her first time living outside of a hospital setting in over 8 years.

Working collaboratively with her community team, the team were able to ensure that she made choices about the colour décor in her new home. They arranged for her favourite music to be playing on her first visit, and her name on the door was designed in a familiar style.

*Name has been changed to protect her identity

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