

NDTi Insights give you the most important bits of learning from a piece of work by the National Development Team for Inclusion (NDTi). We aim to make them quick to read; they point to more detailed materials for those who want more information.

An all age strategy for people with learning disabilities who challenge

Sharing learning from the Gloucestershire strategy

Who should read this?

This insight has been written mainly for commissioners and managers in social care, health and education who are responsible for services to children, young people and adults with learning disabilities who challenge. It will also be of interest to social care provider organisations, training providers and family peer support networks.

Background

This insight draws on learning from the Gloucestershire Challenging Behaviour Strategy and evaluation of the strategy by the NDTi over an 18 month period. The strategy has three key elements: A peer support network of families; an all age intensive support service; Positive Behaviour Support and Positive Behaviour Management training for all provider services

Purpose of Report

To share learning from Gloucestershire that can be used by other areas aiming to improve the situation of all people with learning disabilities who challenge and their families,

Plain English summary

Gloucestershire have been working to get better services and support to children and adults who challenge services and their families. NDTi have been working with Gloucestershire to look at (evaluate) their plans. Gloucestershire have found that:

- Making sure families have good support from other families with the right experience can help families and services.
- Training all staff about how to work with people who challenge in the same way helps staff support people better
- Working with children as well as adults is really important.

Main findings

Having an all age strategy that includes families, social care, health and provider services takes a lot of time, co-ordination and good will, but is resulting in better outcomes for people who challenge and families in Gloucestershire. Education are also involved but have been harder to engage across Gloucestershire. Learning from the three main elements is described below.

Family support

- Family members have become more confident and knowledgeable, and less stressed as a result of the family support project. There is more co-production and families said that services were more accountable to them. Success factors included the flexibility of the project in response to family feedback (enabling peer mentoring with families who have similar experiences), the knowledge and personal experience of the Family Link Worker and basing the project with the local carers support agency. This facilitated access to information and resources, and increased the ability to signpost and raise concerns.

Workforce development

- Staff are able to analyse behaviours more effectively and thus plan proactively as a result of Positive Behaviour Support (PBS) training.



Main findings – continued

Further NDTi Insights:

Also available in our Insights series is:

Insights 4 - Commissioning services for people with learning disabilities who challenge services

Insights 15 – Reasonable adjustments in mental health

Insights 16 - Avoiding Another Winterbourne View

Insights 23 – Getting it right with young people whose behaviour challenges

Full range available on the website

www.ndti.org.uk/publications/ndti-insights

Also available are the Health Equalities Framework and accompanying guides for commissioners and families:

<http://www.ndti.org.uk/publications/other-publications/thehealth-equality-frameworkand-commissioning-guide1/>

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It has given staff confidence as they have a simple, structured framework, and a plan to work to. Adopting PBS is also enabling the development of a common language and understanding across services.

- Provider staff are trained as trainers encouraging ownership of the training, but it can be difficult to release staff and provide backfill. Intensive work with managers of provider services regarding the rationale for the training at the beginning of the project would have been helpful. Training rollout needs to be carefully planned to minimise the possibility of half trained teams. It can be harder to engage with provider services, including education, if they are already trained in other methods.

Intensive support

- There are better outcomes for very young children and families because of early intervention using PBS methods. Families reported improvements in skills and confidence, and there is anecdotal evidence of increased use of mainstream children’s services as opposed to specialist services. Practitioners and commissioners have a better understanding of a life-course approach to service provision. Admissions have been prevented and discharge plans are implemented on admission.
- Referral routes through services and across agencies require careful consideration to prevent unnecessary barriers. It is difficult to capture data on the cost effectiveness of preventive services.

Conclusions and key messages

Having an all age strategy that works across social care, health and provider services, and ensuring this is co-ordinated so that it is seen as one strategy rather than a collection of initiatives has been a really important factor in the success of the strategy. The amount of organisation and communication required should not be underestimated, but in addition to the outcomes delivered by the strategy, there have been a number of knock on benefits.

For example, the increased engagement of family carers in service development.

It has been important that the strategy has been flexible, and has been able to respond to the learning from implementation. Additional support regarding early intervention is one example, and this has been crucial for improving outcomes for very young children and their families. It is hard to get good information on the cost effectiveness of preventive services, but here is plenty of anecdotal evidence of improved outcomes, and good data from the use of the Health Equalities Framework for adults using intensive support services. Many of the transforming care sites will be struggling with the same issues that Gloucestershire started to address over 18 months ago, and thus the learning from this project could be of great benefit to many areas across the country.