

Guide for commissioners of services for children and young people who challenge services



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1. Background

1.1 This guidance has been written following a project to develop a review of the commissioning arrangements for children and young people with learning disabilities and/or autism whose behaviours challenge funded by NHSE. The review was developed to support the implementation of the service model¹ in children and young people's services.

1.2 NDTi already has an evidence based review tool for adult services for people who challenge, developed from the commissioning guide written by NDTi for the Department of Health to support implementation of the Mansell report. For further information see: <https://www.ndti.org.uk/resources/publications/commissioning-services-for-people-with-learning-disabilities-who-chall> The review uses the seven broad areas of commissioning consideration set out in the guidance as although the detail of commissioning children and young people's services is different, the culture in which successful commissioning takes place is similar. Following consultation with young people, families and commissioners we adapted the review for children and young people's services and piloted it in five local areas. A report setting out the learning from the pilot can be found here: www.ndti.org.uk/blog/learning-from-the-reviews

1.3 The guidance is also based on learning from the development of a suite of tools to help local areas better support children and young people with learning disabilities and/or autism who challenge. The tools can be downloaded here: www.ndti.org.uk/publications/ndti-publications/resources-a-pathway-for-children

1.4 This commissioning guidance builds on the review and suite of tools, and complements existing local work on the Special Educational Needs and Disability (SEND) reforms. The guidance will support local authorities and clinical commissioning groups (CCGs) to jointly commission services for children and young people with SEND as required by the Children and Families Act (2014). It does not seek to replicate what is already available or go into detail about what commissioners need to do, rather it is about the overall culture that needs to be in

¹ Local Government Association, ADASS & NHSE (2015). Supporting people with a learning disability and/or autism who display behaviour that challenges, including those with a mental health condition. See: www.england.nhs.uk/wp-content/uploads/2015/10/service-model-291015.pdf

place to ensure that good services and supports can flourish. The overarching aim of this document is to assist commissioners and planners to review their current practice and, through that, develop an agenda for change around those areas where their practice needs most development.

Who do we mean when we talk about children and young people who challenge?

The service model was written to address the needs of five groups of people. Four of these groups include children and young people². These are children, young people and adults with a learning disability and/or autism who:

- have a mental health condition...which may result in them displaying behaviour that challenges.
- display self-injurious or aggressive behaviour not related to severe mental ill health, some of whom will have a specific neuro-developmental syndrome and where there may be an increased likelihood of developing behaviour that challenges.
- display risky behaviours which may put themselves or others at risk and which could lead to contact with the criminal justice system...
- often (have) lower level support needs and who may not traditionally be known to health and social care services, from disadvantaged backgrounds...who display behaviour that challenges, including behaviours which may lead to contact with the criminal justice system.

All of these children and young people are likely to have been identified as having a special educational need. However, learning from the review indicated that the service model wasn't widely known about in children and young people's services, and terminology such as 'behaviour that challenges' was generally not familiar to commissioners or staff in these services. Concerns were also expressed that this terminology labelled the child. Indeed, the label of 'behaviour' as a special need was removed as a definition by the Children and Families Act (2014), and was replaced by 'social, emotional and mental health needs' to make the point that difficult behaviour is a reaction to the environment. However, this encompasses a wider group of children and young people than those described in the service model. To clarify, the use of the term 'behaviour that challenges' is intended to emphasise that the behaviours are often caused as much by the way in which a child or young

² The fifth group is Adults with a learning disability and/or autism who have a mental health condition or display behaviour that challenges who have been in hospital settings for a very long period of time, having not been discharged when NHS campuses or long-stay hospitals were closed.

person is supported as by their own characteristics, and that this should be the focus of commissioners attention. Such behaviours may include:

- Hurting others (e.g. hair pulling, hitting, head-butting)
- Self-injury (e.g. head banging, eye poking, hand biting)
- Destructive behaviours (e.g. throwing things, breaking furniture, tearing things up)
- Eating inedible objects (e.g. cigarette butts, pen lids, bedding)
- Other behaviours (e.g. spitting, smearing, repetitive rocking stripping off, running away)

The above is taken from the Challenging Behaviour Foundation website. For further information see: www.challengingbehaviour.org.uk/about-us/about-challenging-behaviour/what-is-challenging-behaviour.html

The following sections set out the seven commissioning considerations and description of what good looks like. Each section includes links to further resources and information and concludes with recommendations for what effective action by commissioners could/should consist of.



2. Vision and Values

Education, social care and health commissioners start from a commitment to the principles of ‘an ordinary life’ and this is shared and understood by others. People ensure they understand the evidence base around services for children and young people who challenge services, and work in partnership with children, young people and families to deliver that vision. The vision is based on whole life planning, not just what happens in children and young people’s services. Commissioners accept there may not be quick results and support providers and families through difficult times – not giving up at the first signs of difficulty.

2.2 Commissioners own a shared, rights based vision and strategy for children and young people whose behaviours challenge, focused on access to universal services while recognising the additional support that this group of children and young people need. This includes a commitment to inclusive mainstream education with Positive Behavioural Support in place. Early years’ settings, schools and colleges have access to training and support so that they can successfully include children and young people. There is a clear understanding of the impact of health inequalities experienced by disabled children and young people and relationship between inequity, poorer mental health and offending behaviours. Strategies are in place to combat inequities at Health and Wellbeing Board level. Information about children and young people who challenge is included in the Joint Strategic Needs Assessment (JSNA), so that issues for children and young people who challenge and their families are understood and acted upon across the health, social care and local authority partnerships, including early years’ settings, schools and colleges.

2.3 Commissioners share an understanding of the evidence base regarding children and young people who challenge, and have a shared strategy regarding the implementation of Positive Behavioural Support. The aim is to enable families and all staff in health, early years’ settings, schools and colleges and social care to have a common approach to working with children and young people who challenge so that they experience a consistent response. Education, Health and Care plans provide the perfect opportunity to set outcomes aimed at reducing difficult behaviour

and building on positives. Outcomes around social interaction and friendships can be particularly helpful.

2.4 Commissioners understand the importance of a life course approach to planning for children and young people who challenge, and work with adult commissioners to embed this approach. There is a commitment to keeping children and young people within their local communities and providing the right support to enable this to happen. It is really important that other young people understand the needs of their peers and are supportive. Social isolation can be a major contributor to behaviour that challenges. This includes minimising out of area educational placements as placing children and young people in out of area residential schools reduces family contact, increases the young person's vulnerability and makes it more difficult for the young person to transition to local services when they become adults³. Plans to keep children and young people in their local communities and for them to be participating citizens are an important part of local Transforming Care Plans.

2.5 Commissioners are innovative and ensure services are flexible and work together to meet the needs of children, young people and families. Eligibility for services are not diagnosis dependent, or set at a level that means families have to be in crisis before they can receive services.

Actions for effective commissioning

- Build a local case for change by collecting data on children and young people who challenge services, both on practice, costs and outcomes, to inform a debate with key people about how best to improve services and reduce costs in the medium term.
- Understand the evidence base and find out about good practice in other parts of the country. Share and build on this knowledge with local champions.
- Engage the wide range of partners in this work – including parent carer forums and a wider group of family carers with direct experience of behaviours that challenge. Involve young people with SEND, the voluntary sector, providers, early years' settings, schools and colleges and the criminal justice system to add value to the case and local debates.
- Get certain key principles agreed, preferably through a written strategy, such as (i) commitment to ordinary life objectives (ii) commitment to an all age approach, inclusive education and Preparing for Adulthood principles (iii) commitment to non-restrictive settings and no out of county placements

³ McGill, P., (2008), "Residential schools for children with learning disabilities in England: recent research and issues for future provision", Tizard Learning Disability Review, 13(4), pp.4-12.

including residential schools (iv) evidence based outcomes (v) commitment to driving down costs based on outcomes achieved, but not at the expense of those outcomes (vi) a financial return over the medium term.

Useful resources

The resource	Why might it be useful?	Where can I find it?
Public Health England (2015). <i>The determinants of health inequities experienced by children with learning disabilities</i>	The report summarises current scientific knowledge about the determinants of health inequities experienced by children with learning disabilities in the UK, and includes recommendations for Health and Wellbeing Boards	www.ihal.org.uk/publications/313899/The_determinants_of_health_inequities_experienced_by_children_with_learning_disabilities
Public Health England (2016) <i>Joint Strategic Needs Assessments 2015/16. What do they tell us about people with learning disabilities? And Joint Strategic Needs Assessments 2015/16. What do they tell us about people with autism.</i>	These reports set out the information on children with learning disabilities and children with autism currently included in JSNAs. Both reports include good practice examples and recommendations	www.ihal.org.uk/publications/313924/Joint_Strategic_Needs_Assessments_2015/16
Paving the Way website page on Positive Behaviour Support (PBS)	Includes numerous resources on PBS including a commissioner guide and specification for contracts	http://pavingtheway.works/resource/pbs/
Preparing for Adulthood (2015). <i>Guide to joint commissioning resources</i>	Includes information on joint commissioning, joint commissioning across transition to adult life and linking individual and strategic commissioning. Also includes links to further resources.	http://preparingforadulthood.org.uk/what-we-do/joint-commissioning/pfa-guide-to-joint-commissioning-resources

<p>Local Government Association & NHSE (2014). <i>Ensuing quality services</i></p>	<p>Sets out core principles for a life course approach to commissioning services for people with learning disabilities and/or autism who challenge services</p>	<p>www.local.gov.uk/documents/10180/12137/L14-105+Ensuring+quality+services/085fff56-ef5c-4883-b1a1-d6810caa925f</p>
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3. Leadership

3.1 Good practice guidance:

Education, social care and health commissioners are actively involved in service development, championing new ways of working and supporting leaders from all organisations who are innovators and take planned risks. Strong leadership from all professional groups exists that is committed to the vision set out above, and works in partnership with social care and education.

3.2 Commissioners are knowledgeable, have a good understanding of the services they commission, and work with practitioners and providers to encourage innovation and overcome difficulties. They support the development of leadership in health, social care and education, and staff within these services know their local commissioners and feel listened to and supported by them. This requires enough stability in the system for the development of good relationships and a shared understanding of local requirements. Commissioning tools such as CQUINs (Commissioning for Quality and Innovation) are used within the NHS to creatively to support new service developments based on feedback from children, young people and families about what works and what is needed.

3.3 Practitioners feel supported to take risks at an individual level to support better lives and at a service innovation level. The local culture encourages young people and families to take control of their lives. There is good information in the Local Offer, efforts are made to promote and support the take-up personal budgets, personal health budgets and integrated personal budgets beyond rights guaranteed in law.

3.4 Local leaders in education, social care and health are committed to a rights based approach for children and young people who challenge, and work together to ensure that they are included in universal services. Tackling the denial of rights *should be fundamental to our thinking and tested against what action we decide. Otherwise we quickly retreat into deciding a new 'normal', where a different set of*

values apply⁴. Mainstream education is always the first option, and Education, Health and Care Plans (EHCPs) are used as an opportunity to develop a shared, outcomes-focussed person centred approach.

Actions for effective commissioning

- Create or adapt existing structures (including informal ones) where commissioners and leaders from education, health, and social care organisations can come together to share ideas and take things forward. Ensure these systems are formalised and review expenditure, activity, risk factors and blockages as well as discuss principles and ideas.
- Ensure that the people you identify as key leaders are prepared to take sensible risks and be innovators. Put in place organisational systems that give them the confidence to do that.

Useful resources

The resource	Why might it be useful?	Where can I find it?
A website with presentations from a conference on inclusion in mainstream education	Provides evidence of how inclusion in mainstream education is working and an action plan that can be used locally	www.wherenextforinclusion.com/
Lenehan (2017). <i>These are our children. A review by Dame Christine Lenehan. Director, Council for Disabled Children.</i> Department of Health	A report with clear recommendation following a review into services for children with significant needs	www.gov.uk/government/publications/lenehan-review-into-care-of-children-with-learning-disabilities

⁴ Lenehan (2017). *These are our children A review by Dame Christine Lenehan Director, Council for Disabled Children.* Commissioned by the Department of Health:

www.gov.uk/government/publications/lenehan-review-into-care-of-children-with-learning-disabilities



4. Relationships

4.1 Good practice guidance:

There are strong relationships and a 'no-blame' culture between organisations. Children, young people and families are at the centre of decision-making. Education, social care and health commissioners share responsibility, use resources jointly and have strong relationships with early years' settings, schools, colleges and other providers to ensure that placements are not made in a crisis and are commissioned to deliver outcomes based on young people's and their families aspirations for the future. Providers understand personalisation and how personal budgets have the potential to increase choice and control.

4.2 Commissioners work to create a culture in which organisations work together in a person centred way round the child or young person and their family. Health and social care practitioners understand the legal requirements of the Children and Families Act (2014) in terms of Education, Health and Care assessments, planning and review and recognise the importance of attending Education, Health and Care planning meetings and reviews (or other person centred planning meetings for children and young people at SEN support or subject to other assessment frameworks). It is important that professionals work together to gain a common understanding with the child, young person and their family, and agree a holistic approach.

4.3 Commissioners ensure that all children and young people with learning disabilities and or autism who challenge have a care and support navigator or key worker. This person is of sufficient seniority to work across organisations and challenge decisions if necessary. When things go wrong, organisations work together with children, young people and families to understand what happened, what can be learnt to improve the situation, and agree next steps. If a Care and Treatment Review (CTR) is required, the process is used in the spirit intended – 'rooted in principles of human rights, person-centeredness and co-production'⁵, and

⁵ NHS England (2015). Care and Treatment Review: Policy and Guidance: www.england.nhs.uk/wp-content/uploads/2015/10/ctr-policy-guid.pdf

learning from the CTR is used to inform future commissioning. A CTR must incorporate a review of the EHC plan.

4.4 Commissioners include children, young people with learning disabilities and or autism who challenge and families in decision making processes, and design ways of doing this that work for this group. Families may find it more difficult to attend meetings due to additional parental responsibilities and as a result may be less well known to parent carer forums. They may feel alienated as life is difficult and they have had poor experiences of services. The problems are likely to be magnified with parents from disadvantaged backgrounds. Commissioners and practitioners should demonstrate a partnership approach to working with children, young people and families. Developing good peer support networks for families is helpful as parents often refer to other parents as the best information source.

4.5 There are good relationships between commissioners and providers based on a clear understanding about what is required to meet local need. Young people and families are involved in choosing local providers, including early years' settings, schools and colleges and there are jointly agreed quality and training standards with regard to person centred approaches, communication and Positive Behaviour Support. When things go wrong, commissioners and providers work together with children, young people and their families to find a solution, rather than blame each other for what has happened.

4.6 Commissioners have a good understanding of the ways that children and young people may enter the juvenile justice system and ensure that Police and Youth Offending Teams are aware of the kind of reasonable adjustments that are needed for children and young people who have learning disabilities, sensory or other impairments. A good channel of communication is open between these organisations and commissioners to ensure that all relevant staff have access to training that is available and effective joint working can take place to help young people avoid a life of crime, or avoid further contact with the criminal justice system.

Actions for effective commissioning

- Commissioners have a relationship with early years' settings, schools and colleges and a protocol for working together when a child or young person's behaviour challenges and puts them at risk of exclusion or placement in a restrictive environment. The protocol sets out how joint working will be used to put the right support in place.
- Use Education, Health and Care plans as an opportunity to develop person centred working across organisations, with a clear focus on Preparing for Adulthood outcomes.

- Agree a 'no blame' culture as the starting principle especially when learning from situations where things have gone wrong.
- Recruit care and support navigators / key workers of sufficient seniority and experience and give them the right support so that they can challenge appropriately.
- Actively foster a positive working partnership with providers and clinicians. Ensure these working relationships with commissioners and each other are set out in contracts/service agreements.
- Understand how to involve young people who challenge and their families and ensure they are part of service design and development.

Useful resources

The resource	Why might it be useful	Where can I find it?
In Control (2016). <i>Me, My Family, My Home, My Friends and My Life</i> .	Clear guidance about working together to develop a whole life and whole family approach, so that children and young people can live the lives that make most sense to them.	www.in-control.org.uk/what-we-do/community-of-change/children-and-young-people/our-work/me,-my-family,-my-home,-my-friends,-and-my-life.aspx



5. The Model of Service

5.1 Good practice guidance:

Education, health and social care commissioners understand the national service model and the implications for children and young people's services. Using person centred approaches, services are jointly designed by all partners– including the person, their family, early years' settings, schools and colleges and other providers. Clinical leadership is consistently available and non-aversive techniques drive staff practice.

5.2 Commissioners promote person centred planning and there is evidence that it is understood and used by key players from all organisations to get beyond a superficial understanding of needs. Person centred planning is a fundamental part of the development of Education, Health and Care plans, and SEN Support Plans and , there is evidence that service design is based on these plans, and that information from individual plans informs commissioning. Working Together for Change is a successful way of working with children, young people, families and professionals to establish a clear link between young people's aspirations and commissioning: www.preparingforadulthood.org.uk/resources/all-resources/working-together-for-change-in-schools . From year nine, when young people reach age 14, the discussion should include Preparing for Adulthood outcomes such as employment, community inclusion and friends, housing and achieving good health.

5.3 Commissioners understand the importance of early intervention, and ensure there are good inclusive, comprehensive assessment, diagnosis and early intervention services for children who are at risk of developing behaviours that challenge. Services work flexibly and it isn't necessary to wait for a diagnosis before receiving support.

5.4 There are clear and agreed non-aversive approaches to working with children and young people who challenge across services including early years' settings, schools and colleges based on positive behaviour support principles. Training is in place for staff and families so that children and young people experience a consistent approach whether they are at home, at school or in other services.

5.4 Commissioners recognise the importance of good support to families and ensure services offer support well before families reach crisis point.

Support includes the offer of evidence based parenting support programmes that are designed for parents of children who challenge, and are presented in such a way that families do not feel that their parenting abilities are being criticised.

5.5 Commissioners work together to ensure the provision of appropriate specialist health and social care support including access to Child and Adolescent Mental Health Services (CAMHS).

Commissioners check that CAMHS and other mainstream mental health services are reasonably adjusted to meet the needs of children and young people with learning disabilities.

5.6 Commissioners understand the impact of health inequalities on the health of children and young people with learning disabilities,

as well as the importance of ruling out physical causes of challenging behaviour, and work with colleagues in mainstream health services to ensure they are reasonably adjusted. There is a clear process in place to offer health checks to young people with learning disabilities who challenge from age 14 onwards, and commissioners work with parent carer forums to ensure that families know about this right.

5.7 Commissioners work with local housing officers to ensure that the needs of young people who challenge are built into local housing strategies.

Housing needs are discussed with young people and families as part of the Preparing for Adulthood conversations that happen from year nine.

5.8 Commissioners and child and adult services work together to ensure there is a clear, co-produced transition pathway for children and young people who challenge, in line with NICE guidance⁶ and using the materials from the Preparing for Adulthood programme. For young people in out of area placements, transition planning should start early (before year nine).

Actions for effective commissioning

- Invest in training around true person centred planning for all people involved in Education, Health and Care Planning and planning processes. Develop a robust mechanism for monitoring the quality of person centred plans and using information they contain to identify common areas of need.

⁶ NICE (2016). Transition from children's to adults' services for young people using health or social care services: www.nice.org.uk/guidance/ng43/chapter/Recommendations#overarching-principles

- Ensure that eligibility criteria are not dependent on a diagnosis and enable a flexible response to need with access to specialist support being easy to achieve, if needed, no matter what settings children are in.
- Take a policy decision that the use of positive behavioural support and non-aversive techniques is required by all schools and services and include this in contracts.
- Work with commissioning colleagues in mainstream mental health and general health services to ensure they are reasonably adjusted.

Useful resources

The resource	Why might it be useful?	Where can I find it?
The Council for Disabled Children and the Challenging Behaviour Foundation (2015) <i>Paving the Way</i>	Provides practical examples of early intervention and positive behaviour support services. Also an evidence based parenting programme designed specifically for parents of disabled children	http://pavingtheway.works/project/wp-content/uploads/2015/08/paving-the-way.pdf
NDTi (2015) <i>An all age strategy for people with learning disabilities who challenge</i> <i>Sharing learning from the Gloucestershire strategy – Insights Guide</i>	Brief description of an all age strategy for working with people who challenge including: <ul style="list-style-type: none"> • Family support • Workforce development • Intensive support 	www.ndti.org.uk/publications/ndti-insights/insights-24-gloucester-challenging-behaviour-strategy
The Preparing for Adulthood website	Includes and extensive range of resources, stories and videos for children, young people, families and professionals	http://preparingforadulthood.org.uk/
Public Health England (2015) <i>Health checks for people with learning</i>	Includes information about identification of young people with learning	www.ihal.org.uk/publications/1243/Health_checks_for_people_with_learning

<p><i>disabilities: including young people aged 14 and over, and producing health action plans</i></p>	<p>disabilities and links to a template letter and form.</p>	<p><u>disabilities: including young people aged 14 and over, and producing health action plans</u></p>
<p>Lenehan (2017). <i>These are our children. A review by Dame Christine Lenehan. Director, Council for Disabled Children.</i> Commissioned by the Department of Health</p>	<p>Contains a description of a model of care</p>	<p>www.gov.uk/government/publications/lenehan-review-into-care-of-children-with-learning-disabilities</p>



6. Skilled Providers and Staff

6.1 Good practice guidance:

Education, health and social care commissioners understand the importance of working with early years' settings, schools, colleges and other providers to develop the appropriate skills and approaches locally. Providers actively want to work in partnership with children, young people and families and have a demonstrable willingness to keep going in difficult times. There is genuine senior management involvement in service delivery and responsiveness to clinical and specialist advice. There is good engagement with adult commissioners and providers so that forward planning takes place.

6.2 Commissioners demonstrate a commitment to the development of inclusive practice in early years' settings, schools, colleges, community resources and other mainstream provision and work with the voluntary, community and social enterprise sector to ensure appropriate local provision that is well publicised in the Local Offer. Provision can be reasonably adjusted to meet individual needs.

6.3 Commissioners have regular formal and informal ways of talking to schools and other providers about information gathered at both an individual (through EHPS and PCPs) and population level on the needs and aspirations of children, young people and families. Commissioners work with early years' settings, schools, colleges, other providers, families and young people to plan accordingly and ensure the development of provision that can be purchased by personal budget and personal health budget holders.

6.4 Commissioners work with providers, including education providers as partners with the aim of maintaining a clear focus on a whole life, whole family approach, keeping the best interests of the child or young person at the forefront. They share risk with providers and nurture a 'can do' culture. Preparing for Adulthood is based on smooth local pathways into employment, community life, independent living and good health.

6.5 Commissioners work with providers to put in place a clear framework for staff training and development based on a whole life, whole family approach using positive behaviour support principles. This should be supplemented by clinical and specialist support to providers as needed, underpinned by good relationships between providers and clinical/specialist staff. Senior managers in provider services are in close contact with their staff, and ensure the provision of good supervision, and post incident support when needed.

Actions for effective commissioning

- Ensure formal and informal mechanisms are in place for talking to early years' settings, schools, colleges and other providers, sharing information on local requirements and developing joint strategies to meet needs.

Useful resources

The resource	Why might it be useful?	Where can I find it?
Challenging Behaviour Foundation pamphlet – Well matched and skilled staff	Contains information about workforce makeup, skills and monitoring	www.challengingbehaviour.org.uk/learning-disability-files/Pamphlet-for-Commissioners_Children.pdf



7. An Evidence Base

7.1 Good practice guidance:

‘Education, health and social care commissioners have developed, with providers, an outcomes framework and a costing analysis to help them understand and evidence what progress people are making at what financial cost’.

7.2 Commissioners work together to amalgamate data and information sources and develop a good overview of need and aspirations locally. This should include information from EHCPs and other person centred plans. Children and young people who challenge or who are at risk of becoming challenging should be included on the dynamic register, which should be used proactively to monitor progress and inform local strategy and service development.

7.3 Commissioners bring available information and data together to inform the Joint Strategic Needs Assessment (JSNA). The information in the JSNA should include sufficient analysis to be of use to service development ⁷.

7.4 Commissioners have developed a joint understanding of the costs of different services and supports, including the cost of out of area placements in residential schools and services. This information is used to plan better local services. Commissioners work with young people and families to agree an outcomes framework that is used to measure progress locally.

Actions for effective commissioning

- Ensure that children and young people who challenge are identified on the local database of children and young people with additional needs and a dynamic register of them developed to be used as a way of gathering good information and planning support and services, including joint planning with adult services

⁷ Public Health England (2016). Joint Strategic Needs Assessments 2015/16. What do they tell us about people with learning disabilities?

www.ihal.org.uk/securefiles/161017_1655//JSNA%20report%20learning%20disabilities%20FINAL.pdf

- Use the Joint Strategic Needs Assessment as an opportunity to gather robust information that can be used (i) by Health and Wellbeing Boards to develop strategies to tackle the health inequalities this population experiences (ii) plan targeted services.
- Agree with young people, families and partner organisations what you will monitor in terms of outcomes across the whole population of children and young people who challenge. This should be a mix of real outcomes in people's lives and process changes that will tell a real story about what is happening.
- Instigate a system for recording and analysing financial data – i.e. cost of services over time.

Useful resources

The resource	Why might it be useful?	Where can I find it?
Public Health England (2016) <i>Joint Strategic Needs Assessments 2015/16. What do they tell us about people with learning disabilities?</i> And <i>Joint Strategic Needs Assessments 2015/16. What do they tell us about people with autism.</i>	Includes information about what should be in JSNAs about children and young people with learning disabilities and children and young people with autism as well as links to some good practice examples.	www.ihal.org.uk/publications/313924/Joint_Strategic_Needs_Assessments_2015/16
Learning disability profiles	Includes information about what is known nationally about numbers of children with learning disabilities broken down by region and local authority area	http://fingertips.phe.org.uk/profile/learning-disabilities/data#page/0
The Challenging Behaviour Foundation (2014). <i>Early intervention for children with learning disabilities whose behaviours challenge</i>	Includes estimates of numbers of children with learning disabilities who challenge services	www.challengingbehaviour.org.uk/learning-disability-files/Briefing-Paper.pdf



8. Other Specific Commissioning Actions

8.1 Good practice guidance:

Other important commissioner actions include; up-front investment to ensure skills and resources are in place at an early stage; creative use of continuing care criteria and learning from the Integrated Personalised Commissioning sites; and shared financial risk between commissioners aiming for reduced costs over time – but only based on evidenced improvements in children and young people’s lives’

8.2 Commissioners understand the importance of up-front evidence based investment, early on in the lives of children and young people who challenge services. The cost to the overall public purse is calculated, rather than the impact on individual service/organisation budgets. There is recognition of the need to invest in appropriately skilled staff and providers to support this group of children and young people from the early years, through school and college and training is available at regular intervals to ensure new staff become confident and competent.

8.3 Commissioners put local risk-sharing arrangements in place, and are aware of the changing pressures on each other, so that they maintain good working relationships through difficulties. The arrangements include the ability to act quickly so that services can be flexible to meet changing circumstances, thus saving money in the longer term.

8.4 Commissioners understand the potential of using personal health budgets for those children and young people entitled to continuing care funding, and are developing joint approaches to funding personal budgets using money from health, social care and education to develop creative approaches to meeting need. Learning from the Integrated Personal Commissioning sites is used to inform this approach.

Actions for effective commissioning

- Understand the true cost of services, the outcomes achieved and aim to save money through early intervention and prevention in the medium term
- Put robust risk sharing arrangements in place
- Use personal health budgets and personal budgets to develop truly person centred and creative supports

Useful resources

The resource	Why might it be useful?	Where can I find it?
Integrated Personal Commissioning website	Includes information on the care model, the financial model and managing change	www.ipcprogramme.org.uk/



Summary of commissioning actions

- Build a local case for change by collecting data on children and young people who challenge services, both on practice, costs and outcomes, to inform a debate with key people about how best to improve services and reduce costs in the medium term.
- Understand the evidence base and find out about good practice in other parts of the country. Share and build on this knowledge with local champions.
- Engage the wide range of partners in this work – including parent carer forums and a wider group of family carers with direct experience of behaviours that challenge. Involve young people with SEND, the voluntary sector, providers, early years' settings, schools and colleges and the criminal justice system to add value to the case and local debates.
- Get certain key principles agreed, preferably through a written strategy, such as (i) commitment to ordinary life objectives (ii) commitment to an all age approach, inclusive education and Preparing for Adulthood principles (iii) commitment to non-restrictive settings and no out of county placements including residential schools (iv) evidence based outcomes (v) commitment to driving down costs based on outcomes achieved – but not at the expense of those outcomes (vi) a financial return over the medium term.
- Create or adapt existing structures (including informal ones) where commissioners and leaders from education, health, and social care organisations can come together to share ideas and take things forward. Ensure these systems are formalised and review expenditure, activity, risk factors and blockages as well as discuss principles and ideas.
- Ensure that the people you identify as key leaders are prepared to take sensible risks and be innovators. Put in place organisational systems that give them the confidence to do that.
- Commissioners have a relationship with early years' settings, schools and colleges and a protocol for working together when a child or young person's

behaviour challenges and puts them at risk of exclusion or placement in a restrictive environment. The protocol sets out how joint working will be used to put the right support in place.

- Use Education, Health and Care plans as an opportunity to develop person centred working across organisations, with a clear focus on Preparing for Adulthood outcomes.
- Agree a 'no blame' culture as the starting principle especially when learning from situations where things have gone wrong.
- Recruit care and support navigators / key workers of sufficient seniority and experience and give them the right support so that they can challenge appropriately.
- Actively foster a positive working partnership with providers and clinicians. Ensure these working relationships with commissioners and each other are set out in contracts/service agreements.
- Understand how to involve young people who challenge and their families and ensure they are part of service design and development.
- Invest in training around true person centred planning for all people involved in Education, Health and Care Planning and planning processes. Develop a robust mechanism for monitoring the quality of person centred plans and using information they contain to identify common areas of need.
- Ensure that eligibility criteria are not dependent on a diagnosis and enable a flexible response to need with access to specialist support being easy to achieve, if needed, no matter what settings children are in.
- Take a policy decision that the use of positive behavioural support and non-aversive techniques is required by all schools and services and include this in contracts.
- Work with commissioning colleagues in mainstream mental health and general health services to ensure they are reasonably adjusted.
- Ensure formal and informal mechanisms are in place for talking to early years' settings, schools, colleges and other providers, sharing information on local requirements and developing joint strategies to meet needs.
- Ensure that children and young people who challenge are identified on the local database of children and young people with additional needs and a

dynamic register of them developed to be used as a way of gathering good information and planning support and services, including joint planning with adult services

- Use the Joint Strategic Needs Assessment as an opportunity to gather robust information that can be used (i) by Health and Wellbeing Boards to develop strategies to tackle the health inequalities this population experiences (ii) plan targeted services.
- Agree with young people, families and partner organisations what you will monitor in terms of outcomes across the whole population of children and young people who challenge. This should be a mix of real outcomes in people's lives and process changes that will tell a real story about what is happening.
- Instigate a system for recording and analysing financial data – i.e. cost of services over time.
- Understand the true cost of services, the outcomes achieved and aim to save money through early intervention and prevention in the medium term
- Put robust risk sharing arrangements in place
- Use personal health budgets and personal budgets to develop truly person centred and creative supports