

NDTi Insights give you the most important 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.

# Avoiding Another Winterbourne View

## Who should read this?

Local authority and NHS learning disability commissioners. It will also be of interest to providers and clinicians working with people labelled as ‘challenging’, and commissioners and providers in the mental health field.

## Background

The Government has produced a report detailing what is to happen to help prevent a repetition of the abuse that was faced by people with learning disabilities at Winterbourne View.

There is a wealth of evidence and experience from across the country on how to help ensure that people who are labelled as ‘challenging’ get good services and outcomes. This Insights summarises that knowledge along with NDTi’s own experiences.

## Purpose of Report

Produced to help commissioners and providers work in ways that lead to good outcomes for people with learning disabilities whose behaviour challenges services.

## Plain English summary

The Government has produced a report on the action that should be taken to help make sure that people with learning disabilities who are labeled as challenging services are not at risk of abuse – as happened at Winterbourne View.

This Insights is a summary from the NDTi of what has been learnt over the years about how to develop services and supports that will do that – with links to useful resources.

## Main findings

The evidence suggests there are ten main things to think about and do:

### 1. Understand the nature of Challenging Behaviour

Most behaviour that challenges takes place because the person is trying to tell us something. The ‘challenge’ is therefore to services to understand what the person is saying and plan a service that will meet the issues that are causing them to behave in this way – rather than trying to ‘treat’ the behaviour. A full description is found in the Mansell Report<sup>1</sup>. Information sheets are also available from the Challenging Behaviour Foundation<sup>2</sup>.

### 2. Listen to People and Families

If people and families are fully involved in all aspects of service design and delivery, and their views listened to, better outcomes will be achieved. Advice on this is available from various places, e.g. documents from SCIE<sup>3</sup>.

### 3. Design Services Around the Individual

The evidence shows that what works is designing local services around the individual, using person centred approaches, planning in advance rather than waiting for a crisis to occur, focusing on achieving the same life outcomes as for all citizens and having skilled support in place. Group settings where people live with others labeled as challenging, institutional settings and long periods of ‘assessment and treatment’ do not work. See the Mansell Report<sup>1</sup> and ‘Severe Learning Disabilities and Challenging Behaviour’<sup>4</sup> for detail.

### 4. Make this Happen by effective and collaborative commissioning

Integrated NHS and social care commissioning that leads to competent local services is the essential starting point. In 2009, NDTi wrote good practice advice on commissioning services for people who challenge<sup>5</sup> for the DH. This gives examples of what has been shown to work, including the need to:

- Support innovative local leaders who to take sensible, planned risks.



## Further NDTi Insights:

Other recent publications in our Insights series are:

- Economic evidence around employment supports
- Reasonable adjustments in mental health

Other Insights being published soon will cover:

- Widening support options for older people
- Circles of Support for people living with dementia

<http://www.ndti.org.uk/publications/ndti-insights/>

## For More Information

To find out more about our work on this issue, please visit our website:

<http://www.ndti.org.uk/who-were-concerned-with/learning-disability/local-services-for-local-people/>

or contact Rob Greig on [Rob.Greig@ndti.org.uk](mailto:Rob.Greig@ndti.org.uk) or Sue Turner on [Sue.Turner@ndti.org.uk](mailto:Sue.Turner@ndti.org.uk) or call 01225 789135.

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- Share responsibility/resources between the local authority and NHS - and not get locked into continuing healthcare funding arguments
- Have a real partnership and a 'no blame' culture between people, families, clinicians, social care providers, commissioners.
- Collect evidence about both outcomes and cost to inform decisions about what services to use now and in the future - openly aiming to reduce costs in time as the evidence shows better services are improving people's lives.

## 6. Make sure there is a well-developed 'market'

Get beyond simplistic tendering processes so that commissioners have ongoing partnerships with a small number of skilled providers who are committed to partnership working. NDTi has produced market development materials on this for the Think Local Act Personal Partnership<sup>6</sup>.

## 7. Develop a skilled social care workforce

Invest in developing a skilled social care workforce as this can and does help to prevent and reduce behavior that challenges. Structured interventions such as active support are shown to have a positive impact<sup>7</sup>. Skills for Care have asked NDTi to produce workforce guidance for social care employers that support people who challenge. It will be published in February/March 2013.

## 8. A skilled healthcare workforce using evidence based interventions

The Psychiatry, Psychology and Speech and Language Therapy professional bodies have produced guidance for clinical staff working with people who challenge<sup>8</sup>. The use of non-aversive techniques is important. There is a substantial over-use of antipsychotic medication for people who challenge.

## 9. Think children and young people

Much behavior that challenges starts, and is not properly addressed, in childhood. All the principles and points listed in this 'Insights' apply to children's as well as adult services. For example, removing people to remote institutional settings and not listening to their needs and wishes starts a long journey of service failure that will continue into adulthood.

## 10. Remember the Money

Designing individualised services might not be cheap, but if done well it will reduce the long-term dependence on expensive, poor quality, often out of area provision. This can provide short-term savings and will usually be more cost-effective over time<sup>9</sup> - and of course deliver better quality lives and outcomes.

## References:

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4. Emerson E, McGill P, Mansell J, Severe Learning Disabilities and Challenging Behaviour: Designing High-Quality Services.
5. <http://www.ndti.org.uk/publications/ndti-publications/commissioning-services-for-people-with-learning-disabilities-who-challenge/>
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