

## Workshop: Enabling Local Learning Disability Specialist Teams to manage risk so people are supported in the least restrictive environments

**Co-presenters:** Tony Holland & Wendy Fiander

The **aim** of this workshop was to consider the challenges of proactively managing risk in the community to prevent unnecessary admission to inpatient provision or as individuals are discharged into the community.

The **objectives** were to:

- Explore common risks and their causes and responses to them
- Discuss and identify key areas of the system that need to change in order to identify and manage risk appropriately
- Consider what actions the Transforming Care Programme/LD Professional Senate need to take to address these issues

### Outcome

- Two key **action points** agreed brought to the plenary Action Planning session

### Background

Children young people and adults with learning disabilities can display behaviours that pose a risk to themselves or others. The responses to those behaviours should relate to the underlying cause i.e. why is the person behaving in this way. However, the reaction is often to restrict the person or attempt to contain the behaviour. This can lead to further escalation of behaviours, leading to more restriction, increased anxiety and worsened outcomes for the individual.

This workshop will consider a case study that highlights these issues, and a discussion about what needs to be in place locally (workforce, support & services) to deliver support in the least restrictive environment.

### Workshop discussion

Wendy began the workshop by sharing her daughter's experiences in an ATU, in which her behaviour was managed using restraint and isolation. Wendy explained some of these practices and the negative impact it had on her daughter, which included increasing behaviours, increasing anxieties, and reduced quality of life. Wendy explained how her daughter was described as 'dangerous' and unsafe to live in the community. She described the 'fight' she had to enable her daughter to be discharged into the community. Her daughter currently lives supported in the community, there are still challenges and risks but she is supported in a less restrictive environment and has an improved quality of life.

This example set the scene for the workshop and Tony asked participants to think about 'What needs to happen?' He asked participants to consider key partners, the person and his/her and their families, third sector social care providers (organisations commissioned to provide support) and specialised LD teams to provide expertise/support to the social care

provider, and the responsibilities of these partners, how they can work together and their role in managing risk.

Key points discussed included:

- Examples of good practice – Core and Cluster model in Newcastle
- Barriers of working together – problems in sharing information across organisations (confidentiality), differences in policy
- Community Learning Disability Teams (CLDTs) –need for national minimal standard structure, aims and outcomes of CLDTs
- Need for ‘sharing risks’
- Examples of some challenges experienced by providers- providers feel there can be a focus of criticism instead of good practice, e.g. provider had employed therapists and specialist as part of their service and found commissioners would not fund this as it is available in the CLDT
- Need for ‘clinical’ respite, proactive teams working with providers before crisis point is reached.
- National competency part of commissioning contract as a level that providers have to aspire to. There needs to be a system to monitor this.
- Lack of family involvement and listening to families
- Terminology in reports, often seem to be negative focus, there is a need to focus on strengths and skills

## Actions

Two key priority actions to feed back to the CB-NSG, LD Professional Senate and other stakeholders.

Action	Who	When
Develop guidance on managing risk well in a service and set out the responsibility of different organisations/partners within the service	NHS England, LD Professional Senate & CB-NSG <ul style="list-style-type: none"> <li>- Scope what is available currently</li> <li>- Identify if new resource required and plan its development</li> </ul>	6 months - year
Commissioners to include in contracts with local authority /NHS/Independent providers guidance on what specifically they are each expected to provide	NHS England & Local Authorities have this responsibility. CB-NSG and LD Professional Senate to formally write to TC Delivery Board to ask what they have done about this	December 2016  6 months- year
Local LD Partnerships to have a strategy to ensure that all providers work in partnership to manage risk	LD Professional Senate and CB-NSG to write to TC SRO to ask how TCP plans are monitored for risk strategies – and how effective they are  LD Professional Senate and	December 2016

	CB-NSG to write to Provider Task Force to ask how they proactively manage risk	
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### **Further information/guidance/ background reading**

NICE Guidance Challenging behaviour and learning disabilities: prevention and interventions for people with learning disabilities whose behaviour challenges – <http://bit.ly/1U7Qk5g>

SCIE: Enabling risk, ensuring safety: Self-directed support and personal budgets – <http://www.scie.org.uk/publications/ataqlance/ataqlance31.asp>