



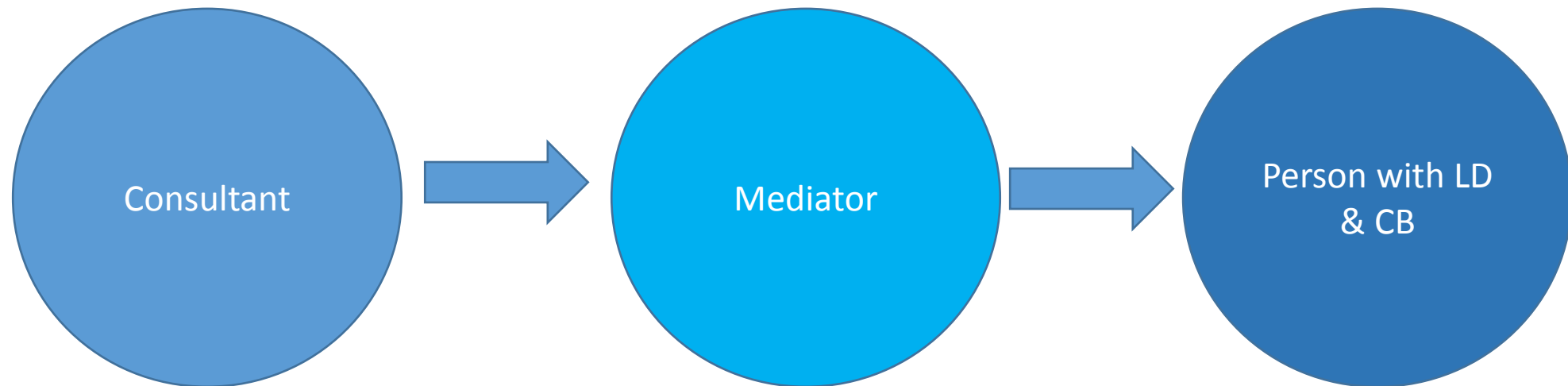
Workforce Development

Della Money, Co-chair Learning Disability Professional Senate
&
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CBF-NSG March 2015

Context

- 24,000 people with LD & CB in England?
- How many staff and carers? (1.6 million social care jobs across all specialities) (SFC, 2013)
- Triadic model



- Need develop expert competence/capacity as well as that of front-line carers

Some Cautions: The Role of Training

Factors	Management Actions
<p>Setting Conditions (Learning history, life events, social climate, physical climate, personal health, personal attitudes & beliefs, emotional state)</p>	<p>Goal orientated works systems for staff and service users, strong development programme Support during/after organisational change Clear purpose for service and work group, participative decision Maintenance of décor Occupational health services Training for role, supervision Maintain high levels of positive reinforcement, supervision, staff counselling service</p>
<p>Triggers (Priming motivation, providing information)</p>	<p>Reminders of work values, reminiscing about past successes Rules of conduct, programme plans, timetables</p>
<p>Actions (Defining & promoting competence)</p>	<p>Accurate job descriptions On the job coaching, training</p>
<p>Results (Positive & negative reinforcement, extinction, differential reinforcement)</p>	<p>Formal and informal systems of positive feedback for competent performance Ensuring that poor performance does not access reinforcement Constructive criticism after poor performance Ensuring that positive reinforcement is more easily accessed by good as opposed to poor quality staff actions</p>

Clements, J. & Zarkowska, E. (1994) *Care Staff Management. A Practitioners Guide*. Chichester: Wiley

Framework for Reducing the Use of Restrictive Practices

- Leadership
- Consumer Involvement
- Development of Acceptable Environments
- Development of good programmatic structure
- Individualised, proactive intervention planning
- Clear crisis management strategies
- Staffing
- **Workforce development & training**
- Processing after the event
- Data-driven quality assurance



Allen, D. (2011) *Reducing the use of restrictive practice with people who have intellectual disabilities*. Kidderminster: Bild.



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Perspective I: Specialist Learning Disabilities Community Health Services

Current National Drivers for change

Winterbourne View Transforming Care programme

'We should no more tolerate people being placed in inappropriate care settings than we would people receiving the wrong cancer treatment'

Positive and Safe initiative to reduce restrictive interventions, promote positive care and a proactive workforce

CIPOLD Confidential Inquiry into Premature Deaths of People with LD, 2013

'The quality and effectiveness of health and social care given to people with learning disabilities has been shown to be deficient in a number of ways'

None of this is new ...

- Staff do not interact in a way that enables greater independence, participation or integration**
- Services need to provide meaningful interaction and good communication environments**
- Staff need the skills to make reasonable adjustments to maximise engagement, involvement and inclusion**

Mansell, J (2007) Services for people with learning disability and challenging behaviour or mental health needs. Department of Health

Commissioners need to ensure

- Sufficient clinical capacity with well-resourced Community Teams and specialists
- Adequate skilled community support and provider capacity, with a range of options
- Access to expert and learning disability informed care management
- Joint funding that enables flexible support arrangements and on-going tracking
- Appropriate models for Integration and seamless services

Function 1: Mainstream services



Support positive access to Mainstream Services

Provide on-going support, supervision and advice to support:

- Joint registers and flagging systems
- Regular dialogue and joint training
- Increased confidence, skills and experience in supporting patients with complex health support needs

Function 2: Enabling others through specialist Assessment and Formulation



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- Provide expert evidence-based practical focused assessments and formulations
- Provide specialist advice, limited support and client-specific training
- Establish an understanding of all local resources
- Support training programmes as part of the workforce development strategy

Function 3: Direct Clinical Therapeutic Support



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Deliver flexible services to meet planned and presenting needs through new ways of working and skill mix, including:

- Direct specialist therapeutic support for people with complex severe and enduring problems
- On-going interventions as the intensity of their support needs fluctuates over time
- Active interventions from senior health professionals
- Oversight and care reviews by assistant practitioners
- Option for rapid step-up when problems arise

Function 4: Responding Positively & Effectively to Crisis



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Community Learning Disabilities Health Teams able to respond at 3 levels:

- Proactive crisis prevention
- Reactive crisis management and immediate resource deployment
- Proactive Strategic planning and service development



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Function 5: Quality Assurance & Strategic Service Development

Community Learning Disabilities Health Teams are active in:

- Strategic planning, care package contract oversight and policy development
- Supporting commissioners to ensure adequate policies, procedures and support structures to achieve Transforming Care

Professional Practice



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Community Learning Disabilities Health Teams should:

- Be full inter-disciplinary teams collectively working together
- Provide co-ordinated specialist advice and practical help to achieve positive lifestyles
- Be registered professionals working to nationally defined standards for 'fitness to practice'.
- Ensure non-registered professionals are supervised by a registered professionals
- Include clinical psychologists, learning disability nurses, occupational therapists, physiotherapists, psychiatrists and speech and language therapists



What should Teams demonstrate?

- Better health outcomes and health care access
- Greater opportunities for independence and inclusion
- Reduced inequality
- Successful use of ordinary health services that are responsive to the needs of people and their families
- Greater opportunities for good health and well-being
- Involvement in design and delivering high quality local services
- Best professional and service performance standards
- Valued range of professional interventions that commonly require more than face-to-face activity

What does this mean for commissioners?



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Commissioners will need to agree a wider range of activity reports and measures relating to:

- Indirect patient support in line with the 5 essential functions
- NICE and CQC guidance on evidence-based interventions
- Effective and flexible service arrangements to meet the varying cultural needs of local communities
- Appropriate workforce in place to deliver these recommendations



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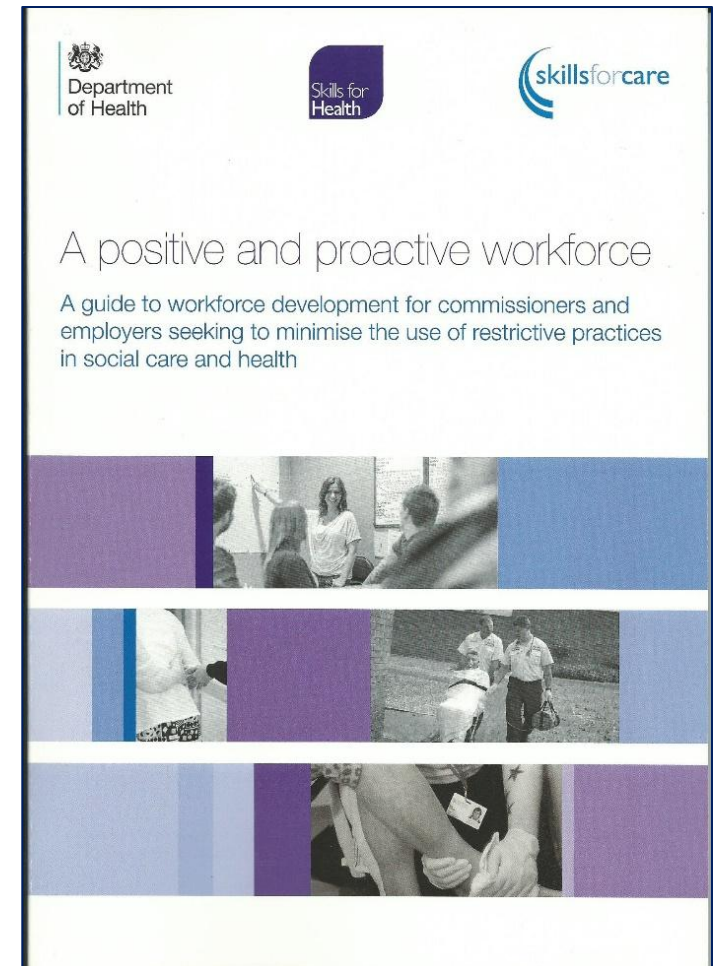
For our service users this means

- Feeling safer
- Being treated with compassion, dignity and respect
- Being more involved in decisions about their care
- Knowing those around them, and who look after them, are well supported
- Receiving good quality general health care

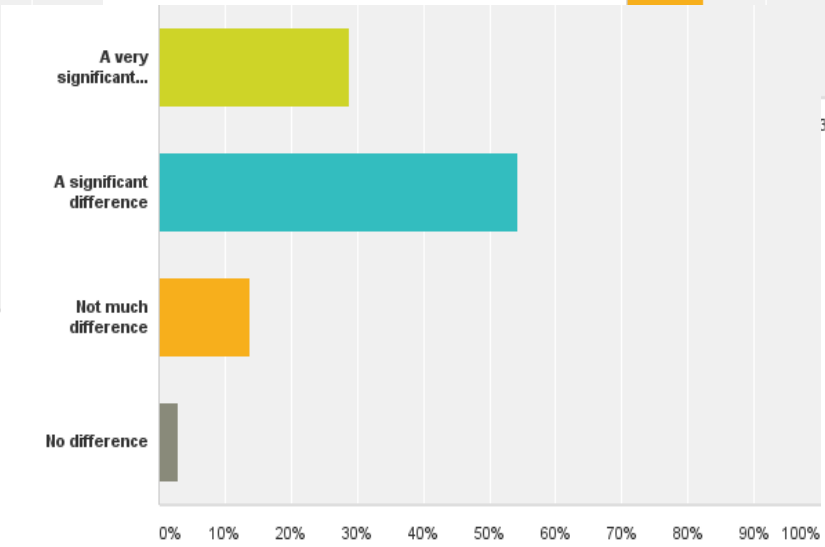
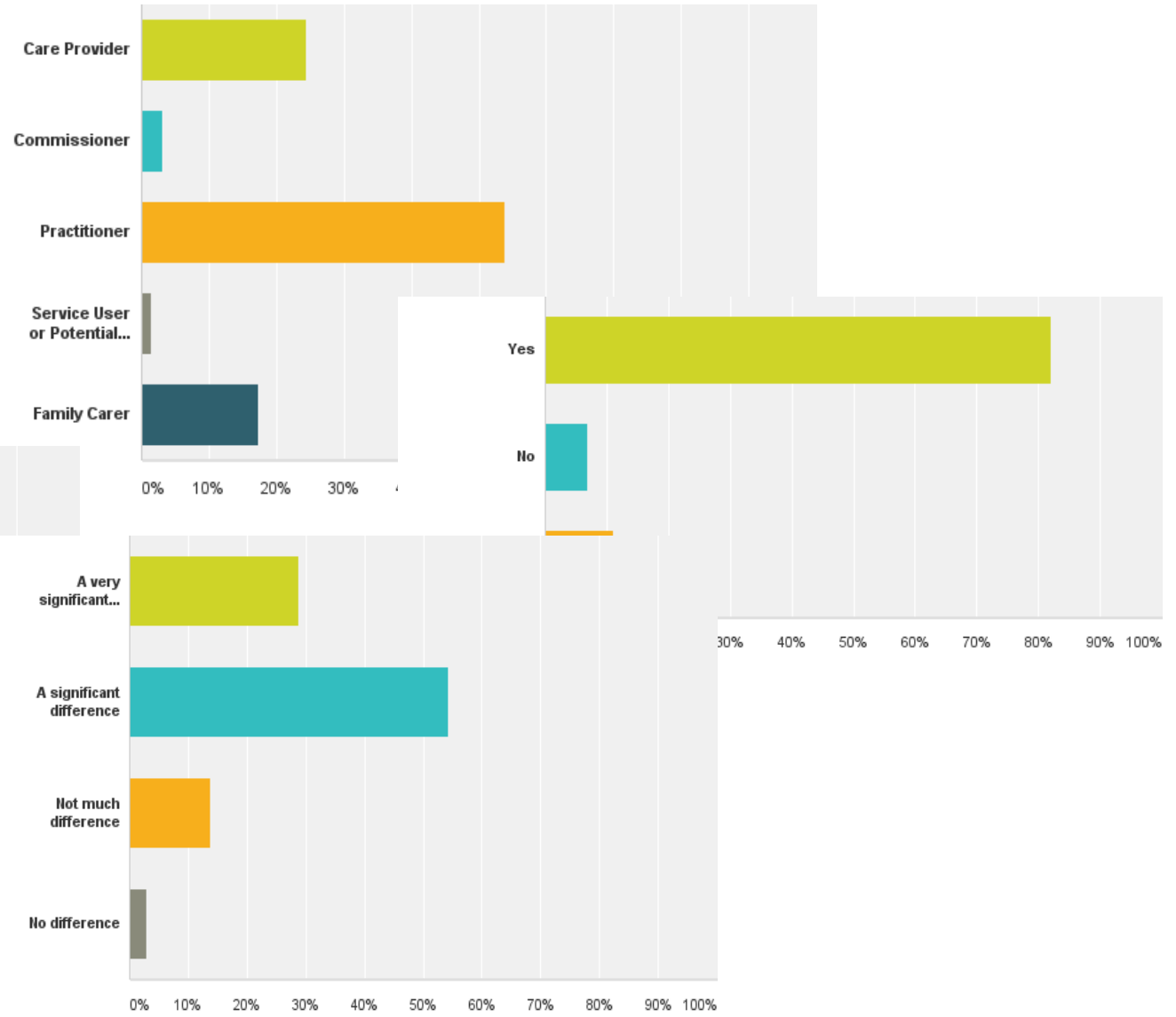
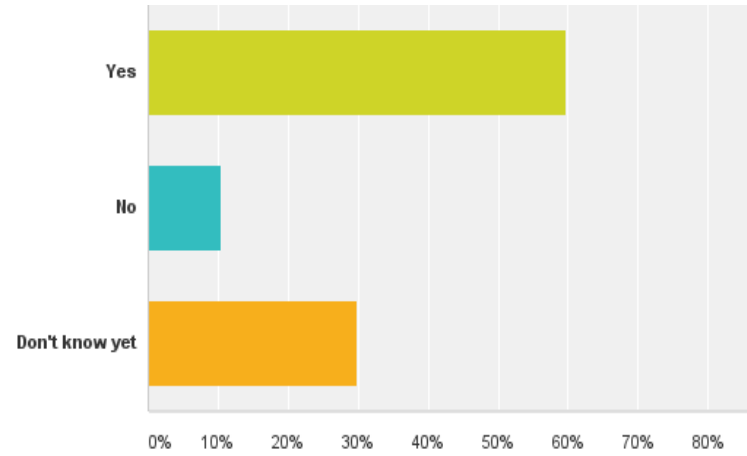
Perspective II: Looking more broadly.

Behaviour that challenges: Training in What?

- All support workers receive training in PBS, which is refreshed at least annually
- All support staff with a leadership role (e.g., shift leaders, direct employers, frontline managers) should have completed or are undergoing more extensive training in PBS which includes practice-based assignments & independent assessment of performance
- All workers with a role (which may be peripatetic or consultant) in respect of assessing or advising on the use of PBS with individuals have completed, or are undergoing, externally validated training in PBS which includes both practice and theory-based assignments of performance at National Qualification Framework level 5 or above.
- All workers involved in the development or implementation of PBS strategies receive supervision from an individual with more extensive PBS training and experience. Workers are supervised by an individual (within or outside an organisation) with a relevant postgraduate qualification, e.g., applied behaviour analysis, positive behavioural support, clinical psychology)



PBS Academy



WINTERBOURNE VIEW – TIME FOR CHANGE

Transforming the commissioning
of services for people with learning
disabilities and/or autism

A report by the Transforming Care and Commissioning
Steering Group, chaired by Sir Stephen Bubb – 2014

Building capacity in the community

8. Health Education England, Skills for Care, Skills for Health and partners should develop as a priority a national workforce 'Academy' in this field, building on the work already started by Professors Allen and Hastings and colleagues.

8.2 We heard a consistently strong message that building the skills of the workforce (from care assistants to doctors and nurses to commissioners) should be a major priority here. Critically, this support should be available to family carers too, who should be recognised as fundamental partners in care

8.4 What is needed now is a concerted programme of action to spread that expertise and codified good practice across the workforce, significantly expanding on the provision already available. The proposal put together by Professor Richard Hastings and Professor David Allen for an 'Academy' to deliver that is persuasive....

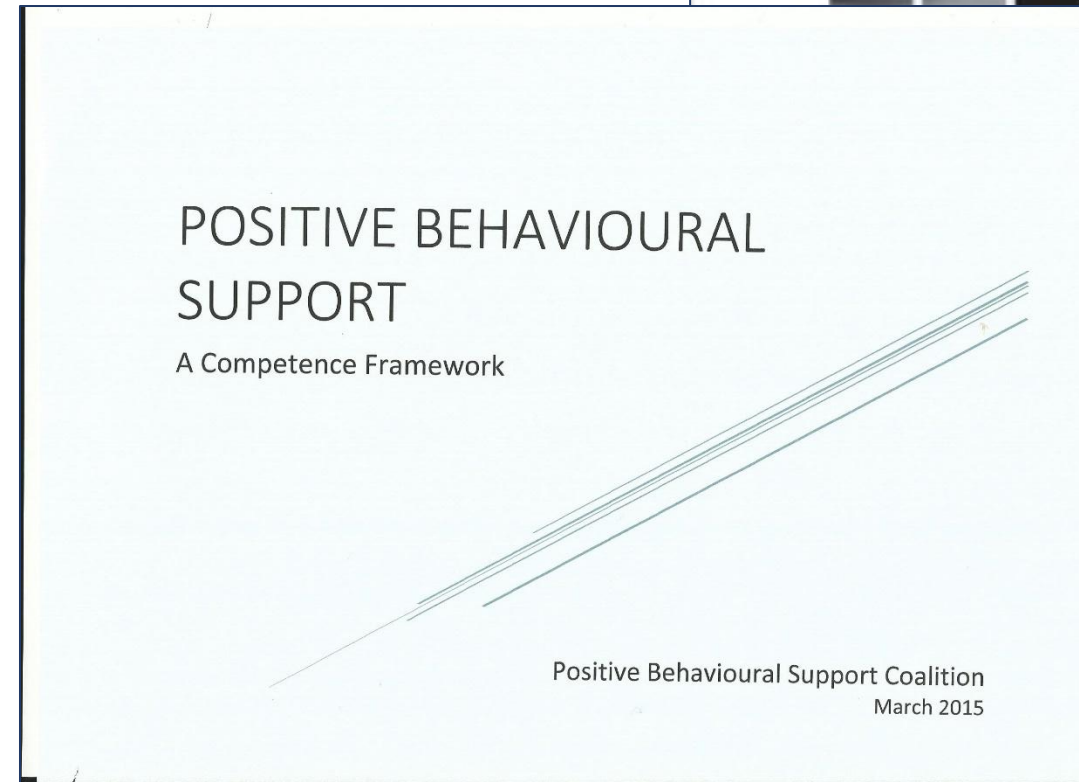


Transforming Care for People with Learning Disabilities – Next Steps

January 2015

Let's do it anyway...

- PBS Coalition
- Special Issue IJPBS
- PBS Competency Framework

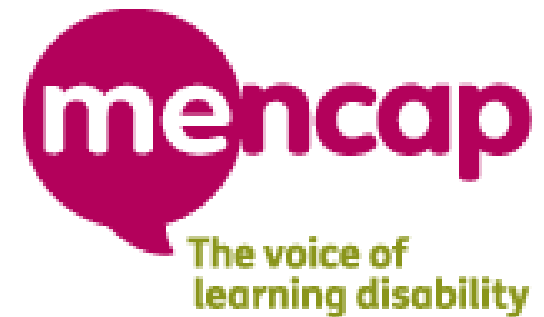




PBS Coalition

Related Products

- Guidance for commissioners to help them commission high quality, community-based PBS support services – both for individuals, and to build local capacity in PBS
- Guidance for parents and carers about what PBS is, what competencies they may need to develop themselves to be a part of their son/daughter's effective PBS support, and what to ask for to support their son/daughter whose behaviour challenges
- Guidance for service providers about how to design/organise and deliver high quality PBS services
- Guidance for people with LD – about what PBS is, and what to expect from a good quality PBS service
- Guidance for direct support workers – translating the PBS competencies into a more accessible format/language for direct support workers



National PBS Community of Practice



Discuss!

