

Workshop: “Getting it right for children”

15 March 2015

Chair: Christine Lenehan, Director of the Council for Disabled Children (CDC)

The **aim** of this workshop was to gain early input from CB-NSG members to a piece of work the Children’s Health and Wellbeing Partnership is taking forward to identify improvements in the system which will help prevent future admission to ATUs of children with learning disabilities whose behaviour is described as challenging. This work was initiated following discussion with Viv Cooper and Christine Lenehan about children in ATUs.

Christine Lenehan talked through a presentation which raised the following issues:

- the numbers of vulnerable children and young people with learning disabilities living in ATUs or 52 week schools, many far from home;
- the lack of meaningful and reliable data and information about this group of vulnerable children;
- the lack of involvement of Education professionals in the Care and Treatment reviews of children
- the minimal use of local, evidence-based interventions to support children with learning disabilities whose behaviours challenge, especially when they are young.

Stuart Miller from the Department for Education and Karen Gowler from DH were present. Stuart Miller gave an update on the work initiated by the Children’s Health and Wellbeing Partnership. Andre Imech (DfE adviser) and Hazel Watts (NHSE) are working with the Care and Treatment Review team to ensure that every child in an ATU has the relevant educational input to their Care and Treatment Review (CTR). There is a meeting coming up with ADCS to discuss Social Care input.

The group discussed key areas of the system of which need to change to improve local community support/prevent future admissions of children.

Points raised in discussion:

- The role of education is key. Children spend a significant amount of time at school but schools do not typically understand the best ways to support the development of children with learning disabilities and/or ASD
- A Speech and Language Therapist who works with 15 schools said that each one has a seclusion room and uses restraint. She is aiming to improve early behavioural support and agreed that behaviour needs to be considered early. Child Development Units should offer a behavioural clinic and there should be classes in special schools. This would help to prevent the current situation where professionals only get to see children once they reach crisis.
- There is too much focus on learning disability as something different and this should be about how we use services to support children and families in their lives.
- When a child is taken to an ATU they cannot be properly assessed because they have been removed from the normal environment, surrounded by new people. There is a clear need for support in situ.
- There was a discussion about the role of CAMHs and whether the CAMHS taskforce has considered mental health support of children with learning disabilities.

- There is no one professional group who oversees the behavioural needs of children with learning disabilities and it is a common experience that commissioners have no evidence base and no knowledge base.
- There is a need for more joint community learning disability and CAMHS teams. It would be interesting to compare the number of out of area placements for those areas which do have LD/CAMHS teams and those which don't.
- Too often the system is combative and parents are seen as part of the problem rather than part of the solution.
- Although this group of children are likely to benefit from Education Health and Care Plans, the transition to EHCPs is a very intensive process and is making it harder for services to continue their everyday work and to bring the right professionals together.

The group were invited to put forward ideas of the list of proposals they would like to see on the desk of new Ministers. These included:

- Special school as hubs for PBS
- Closure plan for 52 week schools
- National commissioning framework for children with learning disabilities whose behaviours challenge, including mandatory pooled budgets and multidisciplinary community teams.
- PBS for all children with learning disabilities whose behaviours challenge
- Early behavioural interventions
- Funding to stimulate the development of local behaviour services for children

Actions:

| Action | Who/how to take it forward |
|---|---|
| The number of children with learning disabilities and behaviours that challenge is similar to the numbers of children requiring palliative care. For palliative care there is a <ul style="list-style-type: none"> • national specialist commissioning framework, • a national tariff, • a range of expectations of a range of stakeholders. The same should be put in place for this group of children. | Christine Lenehan - To be raised as a follow up issue with the CHWB partnership board |
| Public Health England should be commissioned to map the services and support available to this group of children in each area of the country. This would follow on from the work they have done on the determinants of health inequalities of children in England. | Add to the list of proposals for post JIP children's collaborative group |
| There was a query about what has happened to the experimental disability statistics, first tested in 2011? | Stuart Miller to find out from colleagues at DfE and let the group know via email. |
| Stuart Miller and Karen Gowler (DH) will keep in touch with this group of stakeholders via the CBF as work progresses. | Jacqui Shurlock (CBF) and Stuart Miller (DFE) |
| Stuart Miller was invited to visit a school | Jacqui Shurlock (CBF) to put Gavin in touch with Stuart to discuss details. |
| Share information with officials to help guide the advice to new Ministers | CBF, CDC, JIP children's collaborative group and Learning Disability Professional Senate children's group |