

Workshop: *Building & Rebuilding Intensive Support Teams*

Facilitator: Peter Baker

Outcomes from this workshop:

- Explored the current provision of specialist support services (challenging behaviour teams) - including a brief reflection on the history of such teams.
- Arrived at a clearer understanding of the need for such teams including:
 - Who should receive such services
 - How the service should be delivered
 - What should be the outcomes for the individuals concerned

Background

There is a need for a broad spectrum of local support to be available for individuals with learning disabilities whose behaviour is described as challenging, and their families. This workshop explored the role of intensive support teams – both as a provider of support to individuals, as well as providing input to other services.

Points/Issues raised in the discussion:

The discussion generally focused around what attendees would want to be included in guidance, what changes are needed to the system and what good practice in this area looks like:

- We need to educate commissioners:
 - A lot is known and has been written, but how that gets delivered/translated just hasn't been done (not for lack of trying).
- Positive Behaviour Support & Person Centred Planning
 - Families do it all the time, living with children and adults whose behaviour challenges - it comes naturally
 - We did it without a name but knowing the individual, based on what works for the person. Now we have to formalise it – and it's called person centred planning
 - We put labels on it and teach it to someone else.
- Families want to be listened too – getting their experience/training accredited
 - Worry that families need to do more
 - Families need to feel confident that they will be listened to, family support is important
- Ensuring everyone is on the same page

- Working out basic ethos – to get staff together and implement a system-wide approach. Get the system to join up and work together around agreed vision. Can go a long way, as everybody's on the same page – unpredicted solutions arise.
- The cornerstone of our small trial/pilot service is PBS but the things that have been effective have been strengthening the network and galvanising it - 'nicking ideas'. It has been key to hear about best practice.
- Has to be joined up
- Being signed up to a challenging behaviour policy is key.
 - If you are providing it you have to follow the policy
 - Relates to integrated strategic sign-up
- Resources are important - one of the strengths of the original Intensive Support Team programme was that they could work intensively. The function in community teams means there are too many people to listen to, they cover broad issues for more people, whereas the intensive teams can specialise.
- The price of support needs to be built in. Local respite services need to be available to respond & prevent crisis, otherwise people will constantly be in and out of ATU's
- What resources? Where is it driven? What way can you work? It depends where the 'driver' is coming from.
- Skilled teams
 - People (managers) need built in time to think & listen properly, alongside filtering skills down to the team.
 - A skilled team is essential – there's so much ignorance out there – it has to be learnt from somewhere.
 - Teams are needed to know who the good support providers are and to work with them, all it takes is coordination
- Problems arise from treating Learning Disability and Challenging Behaviour like a medical illness:
 - Huge pressure to discharge
 - It's a lifelong condition, individuals shouldn't have to be discharged from the teams' books
We need to get the system changed and a recognition that this is ongoing
- Making the case for intensive support teams: You know what works, you're the experts but teams don't always understand what are the drivers - the policy of the people who are making the commissions
 - Where do you need to pitch this, at who and with what argument.
 - You know what works, there are various models for it but it's not keying into the right people with the right point.
- We need to tailor the message, to give people different things
- Having an intensive support/crisis intervention team – they don't work in every area

- Not surprising due to service a/ service b – services need to interbuild relationships and make sure it's embedded
- Can't be played as an easy solution. Discussions need to be had talking about it, talking about function.
- There is a fear that if we don't do anything we will get the integration of intensive support function into community teams, and communities on the whole run on responses to referrals. You need to get really angry to get the help, and cross the threshold of distress, it's no way to run a service.
- Can't sustain services – they are difficult to sustain by providers – you need the structure that provides the ongoing support through the levels to make it sustainable, otherwise you just get the staff who invent their own behaviour response programmes (back to Winterbourne View)
- There's something around Winterbourne View, that creates argument that people in ATU's/ out of area are different from those in the community – but they're the same and living with good outcomes if you get it right. – The penny is not dropping with commissioners.
- The experts are not being heard (including family carer experts)
- Common thread is that no one believes what is said (at high levels) is actually happening

Proposed actions to take forward:

- 'The intention is to get a work stream coming out of this, to make some statements and to get strategic decisions.'