

After Winterbourne View: how can locality-based specialist community teams (CTs) better support men and women with LD and additional mental health and/or behavioural needs?

Isabel Clare^{1,2,3} and Tony Holland^{3,2,1}

¹NIHR CLAHRC East of England, ² Cambridgeshire & Peterborough NHS Foundation Trust.

³ Cambridge Intellectual & Developmental Disabilities Research Group, Department of Psychiatry, University of Cambridge.

BACKGROUND

- Little is known about the work of multi-agency locality-based specialist community teams (CTs) for adults in England;
- The Winterbourne View scandal highlighted the failure of these CTs in minimising preventable 'out-of-area' placements.

RESEARCH DETAILS

- We are carrying out a programme of descriptive, mixed-methods studies of the design, delivery, and experiences of service users, care-givers, team members and other stakeholders in a county-wide LD service that includes five locality-based CTs, comprising health care (NHS) and care managers (LA).
- An estimated 40% (N=292) of referrals related to people with a very diverse range of mental health and/or behavioural needs, across the whole range of LD.



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EMERGING FINDINGS RELATING TO MEETING MENTAL HEALTH AND/OR BEHAVIOURAL NEEDS

- There are differences in the way that CTs work together, reflecting team histories, geographical context, personalities.
- The benefits of co-location of team members appear to be associated with
 - more detailed and integrated team formulations of the multiple factors contributing to individuals' difficulties, leading to coherent treatment and support;
 - shorter waiting-lists;
 - strikingly fewer preventable 'out-of-county' placements;
 - greater service user and care-giver satisfaction.

IMPLICATIONS FOR PRACTICE

- A team approach, within which individual practitioners contribute their particular expertise, is required, particularly for referrals for mental health and/or behavioural needs;
- Instead of the traditional process of referral, assessment, treatment, and discharge, CTs need to have proactive, long-term, commitments to people with LD in their localities, care-givers, and social care providers. Such commitments should continue, even when referral is required to more intensive services;
- Particularly in multi-agency CTs, service managers need to clarify roles and responsibilities including accountability for practice, access criteria, governance of records (Farrington et al., 2014).

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Correspondence: If you would like to know more about the project, please contact **Isabel Clare** (Email: ichc2@medschl.cam.ac.uk)

REFERENCE

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